

**A CLINICAL STUDY ON CHANGES IN SYMPTOMS AND  
SIGNS OF “KIRIGAI” ON  
FULL AND NEW MOON DAYS”**

*Dissertation Submitted To*

**THE TAMIL NADU Dr. M.G.R. Medical University  
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*For the Partial fulfillment for the Award of Degree of*

**DOCTOR OF MEDICINE (SIDDHA)  
(Branch – V, NOI NAADAL)**



**DEPARTMENT OF NOI NADAL  
Government Siddha Medical College**

**Palayamkottai – 627 002.**

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This is to certify that the dissertation entitled “**A CLINICAL STUDY ON CHANGES IN SYMPTOMS AND SIGNS OF “KIRIGAI” ON FULL AND NEW MOON DAYS**” is a bonafide work done by **Dr. S. VIJAY VIKRAMAN**, GOVERNMENT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI in partial fulfillment of the University rules and regulations for award of M.D (SIDDHA), **BRANCH - V NOI NAADAL** under my guidance and supervision during the academic year OCTOBER 2013-2016.

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**DECLARATION BY THE CANDIDATE**

I hereby declare that this dissertation entitled “**A CLINICAL STUDY ON CHANGES IN SYMPTOMS AND SIGNS OF “KIRIGAI” ON FULL AND NEW MOON DAYS**” is a bonafide and genuine research work carried out by me under the guidance of **Dr.S.Victoria, MD(s).**, Professor, Post Graduate Department of Noi Naadal, Govt. Siddha Medical College and hospital, Palayamkottai and the dissertation has not formed the basis for the award of any Degree (other than MD Siddha), Diploma, Fellowship or other similar title.

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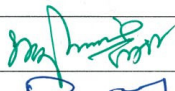

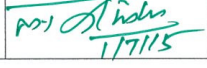
  
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Dissertation Topic	A Clinical Study on standardization of Changes in Symptoms and Signs of "Kirigai" (Severe Psychiatric Disorders) on Full and New Moon Days
Documents Filed	1) Protocol 2) Data Collection Forms 3) Patient Information Sheet 4) Consent Form
Clinical / Non Clinical Trial Protocol	Clinical Trial Protocol
Informed Consent Document	Yes
Any other Documents	Case Sheet, Investigation Documents
Date of IEC Approval & its Number	GSMC-II-IEC/2015-Br.-V/10/16.07.2015

We approve the trial to be conducted in its presented form.

The Institutional Ethical Committee expects to be informed about the process report to be submitted to the IEC atleast annually of the study, any changes in the protocol and submission of final report.

  
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# CONTINUING MEDICAL EDUCATION PROGRAMME

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PALAYAMKOTTAI

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M. K. S. (naadigal)  
13/6/16

S. V. N.

S. S. S.



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## INTRODUCTION

“தனக்குவமை இல்லாதான் தாள்சேர்ந்தார்க் கல்லால்  
மனக்கவலை மாற்றல் அரிது”

-திருக்குறள் -7

(Anxiety of mind cannot be removed except from those who are united to the feet of him who is incomparable.)

According to this thirukural valluvar first he denoted about the depression. It is called “MANAKAVALAI”.

Human being was evolved from apes from ancient days. He faced many troubles to get food, reproduction and self protection, that time he was affected in many ways such as mental illness as fear, resuctant, pang etc. By this changes he suffers from mental confusion and has changed all his normal activities so he differs from his family and society. For this behaviour he is known as a psychiatry.

Human society has passed many stages primitive communism, master & slave society, land lordism and at present it is in capitalism. During this period, they had to pass and keep many variety of cultural and life style changes. This changes had affected the individual, family and society when an individual could not face the changes of this controversy, he was affected by depression and conversion into mental worry illness.

The siddha medicinal system is a classical medicinal methodology. It has developed through evolution of ancient, thiravidan society. It was inscribed in the books of the tholcoppium, the thirukural and also sculpture and art of ancient drawing.

The tamil medicinal methodology diagnose and prescribe the different between the vali, azhal, Iya Naadis. It is known in this following the thirukural.

மிகினும் குறையினும் நோய்செய்யும் நூலோர்  
வளிமுதலா எண்ணிய முன்று.

“நிலம் நீர்தீவளி விசம்போடைந்தும்  
கலந்தமயக் கமுலகம் இது”

- **Sadhaga naadi**

According to this lines the world is made up of five elements known as "PANCHA BOOTHAM"



Ancient tamilians assumed that the world contains of five Bootha elements. This term persuaded . In ancient text

After the advent of siddhars and alchemist the tamil medicinal methotology grown into great renaissance. The siddhars dedicated and serviced to the tamilian medicinal treatment to the society. So tamil medicinal methotology is called siddhars medicine and gradually it is converted into name of siddha medicine.

Tamil medicine → Siddhar's medicine → Siddha medicine.

The tamil medicinal contains three elements of medicine, alchemy and yogam. In chronic and incurable disease the siddha system utilised three type of methods there are medicine, astrology and incantation. The astrology plays an important role of siddha medicinal system. It gave more important to fullmoon days and new moon days. In those days some of diseases affected the people more and more and affected them unbearable eg. psychiatric and skin disease. From this factor the author analyse above the psychiatric symptoms and relation between the fullmoon day & new moon days.

## **AIM AND OBJECTIVES**

### **AIM**

A clinical study on standardization of changes in symptoms and signs of KIRIGAI on full and new moon days.

### **OBJECTIVES**

#### **Primary**

To compare the behavioural variations of KIRIGAI patients on new moon day and full moon day with those of other lunar days.

#### **Secondary**

- ❖ To compare the symptomatic variations of KIRIGAI patients on New moon day and full moon day with those of other lunar days.
- ❖ To collect the literature of both siddha and modern aspects of the disease KIRIGAI.
- ❖ To study the clinical course of the disease with observation on the etiology, classification pathology, complications and treatment by siddha aspect.
- ❖ To have an idea about the incidence of disease with age, occupation, marital status, habits, religion, family history and economical conditions.
- ❖ To expose the clinical diagnostic methods mentioned by siddhars to know how the disease manifest due to deranged mukkutram, pori pulangal, ezhu udal thathukkal and koshangal.
- ❖ To frame the diagnosis based on Iympull Iyakka vidhi.
- ❖ To establish a line of treatment and dietary regimen.

## REVIEW OF LITERATURE

### SIDDHA ASPECT

#### KIRIGAI

The siddha text,

AGASTHIYAR MANIDA KIRUKKU NOOL 64 mentioned the psychiatry in the name of KIRIGAI.

In sambasivam pillai dictionary part-2 give the meaning of KIRUKKU is LUNACY.

#### NOI VARUM VALI

The causes of the disease in various siddha text books are,

According to the text, SIDDHA MARUTHUVA NOI THOKUTHI-1, KIRIGAI NITHANAM, PG. NO. 351 - 395

“வாறான பெரியோர்கள் சாபத்தாலும்

வயறெரிந்து தந்தை தாய் சாபத்தாலும்

பேறான கற்புடையாள் சாபத்தாலும்

பேர்பெரியமன்னர் பொருள் கவர்ந்த பாவம்

கூறான ஆலயங்கள் அழித்த பாவம்

கொடுதான சிவபொருளை கவர்ந்த பாவம்

ஆறான குளம் கிணறு அழித்த பாவம்

அஞ்சாமல் மாதர் கற்பம் அழித்த பாவம்

அழிவழக்கு சத்தியங்கள் செய்த பாவம்

அரசு முதல் நல்ல மரம் முறித்த பாவம்

வழிமறைத்த சாலை மரம் தரித்த பாவம்

வாய் மதத்தால் பெரியோரை பழித்த பாவம்

பழிபாவம் சிசுக்களையும் கொன்ற பாவம்

பஞ்சமா பாதகங்கள் செய்த பாவம்

தெளிவான குருசாபம் சென்மம் தோறும்

செனித்த முதல் மரிக்கும் வரை பிடிக்கும் பாரே

பாரப்பா முன்பின்னாய் செய்த தோசம்

பதினெட்டு விதமாக பலிக்கும் பாரே

சீர்ப்பா பாராமல் சினமே செய்தால்

சினேகத்திற்கு வஞ்சகங்கள் செய்த பாவம்

நேர்ப்பா மகா மந்திரம் புனைந்த பாவம்

நிட்டுர கர்மங்கள் செய்த பாவம்

ஊர்ப்பா இப்பாவம் வம்சம் தோறும்

உயிரை விட்டு மாறாது உண்மை தானே”.

**கிரிகை நிதானம்**

**நோய் வரலாறு**

உண்மையுடன் மூலத்தில் சூடு ஏறி  
உறவான மூளையது வெந்து புண்ணாய்  
வன்மையுற விசிபித்தம் சிரசில் புக்கி  
வளமான மூளையதில் திரண்டு புக்கி  
தன்மையற மனம் புத்தி சித்தம் என்ற  
தகமை கெட்டு அறிவழிந்து மனம் பேதித்து  
ஆண்மை கெட்டு அழகு கெட்டு குலமும் கெட்டு  
அவமானம் தானழிந்து அழிவதாமே.

ஆமப்பா கரணமது கலங்கியே தான்  
அபிமானம் அதனைவிட்டு அறிவழிந்து  
ஓமப்பா ஓங்கார கோபம் கொண்டு  
அறிபுத்தி தனை மறந்து உணர்வு கெட்டு  
தாமப்பா ஆண்பெண்கள் உடலில் புக்கி  
தனித்தனியே விதம் விதமாய் தளைக்கும் பாரு  
நாமப்பா பிடித்த கர்மம் தீர்வென்றால்  
நாட்டியே வெகு தர்மம் செய்து பாரே.

**கிரிச நோய் வர வேறு காரணங்கள்**

தீருமிந்த கிரிசத்தின் வரலாறு தன்னை  
செப்புகிறேன் வாத கோபத்தினாலும்  
பாருபித்தம் சிலேற்பமுடன் திறிதோசத்தால்  
பாரமாய் கோபித்தல் காமத்தாலும்  
சேருகரையில்லா விசனத்தாலும்  
சிறப்பான விசமருந்தின் வேகத்தாலும்  
நேருமே பிசாசாலும் சூனியத்தாலும்  
நிகழ் புத்தி சூனியத்தால் நிகழ்த்தும் தானே.

தானமுள்ள கிரிச வகை தவனாலும்  
தனமான துக்கத்தால் தனநாசத்தால்  
ஈனமுற பதினெட்டு கிரிசமுண்டாம்  
இனி வாதத்தாலுற்ற விதத்தை கேளு  
ஏனமுற இருகையும் முறுக்கிச் சாடும்  
இதமாக தான் சிரிக்கும் நிறுத்தல் செய்யும்



மோனமுற பித்தத்தால் உற்றுதானால்  
சுடும் தேகம் கோபமுறும் கர்வத்தாலே.  
ஆலமுற ஐயமது பேசாது அதிகமாக  
அன்னமது தான் வெறுக்கும் உறக்கம் மாறும்  
கோலமுற திறிதோசத்தாலேயுற்றால்  
குணமுன்றின் விதமாகும் அசாத்தியமாகும்  
சாலமுற திரவிய நாசத்தினாலும்  
சார்வாக மனைவியரை இழந்துண்டானால்  
மேலான உடல் வளையும் தளரும் தேகம்  
மிகு காமம் அழகையுடன் சிரிக்கும் காயே.

காணுமே விசத்தாலே கதிக்குமானால்  
கதிப்பாக முகம் கறுக்கும் அழகு குன்றும்  
பூணுமே கண்சிவக்கும் ஞானத்தாலே  
பூண்டிடுகில் ஞானமது மிகவும் காணும்  
வேணுமிது பிசாசினாலுற்றுதானால்  
வெகு கோபமாக பேசும் விசம் போல் சீறும்  
நாணுமினி கிரக சங்கையினால் உற்றால்  
நலமில்லா பேய் பூதம் உண்டாகும்.  
உண்டான சூனியத்தால் துக்கத்தாலும்  
உறவான நெடுமுச்சு மனகலக்கம்  
விண்டான யிவை பொதுவின் குணங்களாகும்  
விளம்புவேன் பின்னாலே விவரமெல்லாம்  
கண்டாலும் குணமறிந்து குறியை பார்த்து  
கதிப்பாக மருந்து செய்வோன் சித்தனாவான்  
திண்டாடும் விதமறியான் முரட்டு மாண்பர்  
செய்தொழிலும் ஏற்காது பிணி இரட்டிக்கும்.

இரட்டித்த கிரிசமதுக்கெல்லாம் நன்று  
இடைவிடா தாரை சலமெண்ணெயாலும்  
வடித்த நசியமது வகையறிந்து  
வகையாக செய்திடுகில் இவையும் நன்று  
மட்டுடனே கசாயங்கள் பற்பம் நெய்யும்  
வளமான தளவகைகள் செய்ய நன்று  
கட்டுடனே ரோகிதனை கண்டிப்பாய்  
வகையறிந்து ஈந்திடுகில் குணமாம் பாரே.

## CLASSIFICATION

கிரிசம் பதினெட்டின் பெயர்கள்

காண்பா கிரிச நோய் பதினெட்டுக்கும்  
கண்டறியச் சொல்லுகிறேன் கருத்துள்ளோரே  
பூண்பா அனல் பித்தம் எச்சி வாதம்  
பொல்லாத சிலேற்பனமாம் நாதவிந்து  
வாண்பா பூதமொடு சலமோகினியும்  
வளமான கல்லெறி கும்பிடுகை முளக்கம்  
வீண்பா வலி நீர் குடிகை மயான அருள்  
விளங்கும் மருட்டு கிரிசம் முடக்கிரிசமாமே.

## SIGNS AND SYMPTOM

According to the text,

*அகஸ்தியத் திருவாய் மலர்ந்தருளிய மானிடர்  
கிறுக்குகள் பதினெட்டுக்கும் கிரிகைநூல் 64*

ஆமடா கிரிகையது பதினெட்டுந்தான்  
அப்பனே மனுக்களுக்குப் பிடிக்குங்காலம்  
தாமடா துட்டகண பூதமென்பார்  
தப்பாதே யெச்சியதைத் தொடர்பேயென்பார்  
வேமடா சாஸ்திரங்க ளறியாமட்டை  
விணாகப் புலம்புவதால் வருவதேது  
நாமடா அதினுடைய குணங்கள் கண்டு  
நன்றாக உனக்கறியச் சொல்வோம்பாரே.

### 1. அணற் கிரிகையின் குணம்

பார்ப்பா அணல்கிரிகை குணங்கள்தன்னை  
பலனாகச் சொல்லுகிறோம் பரிந்துகேளு  
நேர்ப்பா காடுடைய பொட்டல் தன்னில்  
நிணையான மானிடரைக் கும்பிட்டோடும்  
ஊர்ப்பா யெச்சியெல்லாம் பொருக்கித் தின்னும்  
உத்தமனே அச்சமயம் கண்டாயானால்  
ஆர்ப்பா தீர்க்கவகை யறியப் போறார்  
அப்பனே மருந்தொன்று துவாலைபோடே.

## Nature of Anal kirigai

- Natureobeisance to the unknown men and roam in barren land.
- leavings

## 2. பித்தக்கிரிகையின் குணம்

கேளப்பா பித்தமது கட்டியாகும்  
கெடியான புத்துபோல் வளர்ந்திருக்கும்  
வாளப்பா அமுதமென்ற கலசம்புக்கும்  
மைந்தனே குடுகொண்ட வேகத்தாலே  
ஆளப்பா புத்தியது மயக்கிக்கொண்டு  
அப்பனே ஆடையெல்லாங் கிழித் தேபோடும்  
பாளப்பா பிறந்திருந்த கோலத்தோடே  
பாழான நரகலையும் பூசும்பாரே.  
பூசியே கீழ்விழுந்து உருளுங் கண்டாய்  
புகழாகத் தீர்க்கும்வகை விபரங்கேளு

## Nature of Pitha kirigai

- Pitha freezes and grows like antril. It shows the severity of pitha (like seven kinds of pitha)
- The symptoms of exhibitionism, soiling the dress and the body with faecal matter.

## 3. எச்சில் கிரிகையின் குணம்

தானான எச்சிலதின் குணத்தைக்கேளு  
தப்பான நரகலையுந் தின்னலாகும்  
வானான தரைதனிலே முட்டலாகும்  
மகிழ்வாகச் சலத்தையெல்லாம் வாரியேதான்  
கோனான சிரமதனிற் றெளித்துக் கொள்ளும்  
குறியான சாம்பலையுந் தின்னும் பாரு  
வானான மழையதனில் நனைந் தேநிற்கும்  
மைந்தனே அதனுடைய திட்டமாச்சே.  
ஆச்சடா யிப்படிநீ குணத்தைக் கண்டால்  
அறிவாகத் தீர்க்கும்வகை சொல்லக்கேளு

#### **Nature of Etchil kirigai**

- Eating faecal matter
- Knocking the floor
- Spraying the water on his head with rejoice.
- Eating ash
- Getting drenched under the rain.

#### **4. வாதக் கிரிகையின் குணம்**

ஆமப்பா வாதத்தின் கிரிகைதன்னை  
அறியவே குணங்களின் விபரங்கேளு  
தாமப்பா விழிகள்ரெண்டும் மூடிக்கொண்டு  
தப்பாது வாய்திறந்து பேசிபாது  
வேமப்பா எழுந்துடனே படுக்குங்கீழே  
விபரமடா தேகமெல்லாஞ் சலத்தைப்போல  
ஆமப்பா குளிர்ந்திருக்கும் கடிக்கும் பல்லை  
அக்கனமிக் குணங்கண்டா லோட்டஞ்செய்யே.

#### **Nature of Vatha kirigai**

- Patient will not open his mouth like a dumb
- Closing his eyes
- Stand straight and lie down suddenly
- Body is felt very chill due to hyperhydrosis
- Grinding the teeth

#### **5. சிலேற்பனக் கிரிகையின் குணம்**

காணப்பா சிலேற்பனத்தின் கிரிகைதன்னைக்  
கருவாக உனக்கறியச் சொல்வேன் கேளு  
வேணப்பா கண்மலருள் வெள்ளையாகும்  
விபரமடா கொட்டாவி கண்ணீரோடும்  
போணப்பா தரையதிலே அடிக்குங்கையை  
புகழான வாய்ப்புலப்ப மெத்தவுண்டாம்  
கோணப்பா விரலோடும் அங்கசேட்டை  
குறியாகக் கண்டவுடன் தீர்க்கக்கேளே.

#### **Nature of Siletma kirigai**

- Paleness of the conjunctiva
- Yawning



- Frequent lacrimation from the eyes
- Tapping the floor with hand
- Blabbering
- Lamenting
- Doing antics

#### 6. நாதவிந்து கிரிகையின் குணம்

கட்டும்பார் புவியிலுள்ளோர் களைப்பிடிக்குங்  
கனமான மனுக்களொடு சினமேகொள்ளும்  
முட்டும்பார் வெகுதூர மோடலாகும்  
முகனையென்ற வாயாலே முகத்தில்துப்பும்  
எட்டும்பா ரிப்படியே கண்டாயானால்  
என்னசொல்வேன் தீருதற்கு மருந்தைக்கேளு  
நட்டும் பார் முருங்கைப்பூக் காற்றினாலே  
நலமாக உதிர்ந்ததுகீழ் கிடக்கும்பாரே.

#### Nature of Natha Vindh Kirigai

- Wandering in the streets
- Hug the females and embracing them showing aggressiveness on both sex.
- Bump on some one's head
- Spitting on their face

#### 7. பூதக்கிரிகையின் குணம்

ஆச்சடா நாதவிந்து கிரிகைதானும்  
அப்பனே தீர்ந்துவிடு மறிந்துசெய்வாய்  
மூச்சடா பூதத்தின் கிரிகைகொண்டால்  
முகனையடா அதினுடைய குணந்தான் கேளு  
பேச்சடா வெரும்புலப்பம் பாடலாகும்  
பேரான மனுக்களையுங் கடிப்பதாகும்  
வீச்சடா சாம்பலிலே புரளுங்குப்பை  
வீம்பாகப் பின்பெடுத்துப் போடும்பாரே.

போடுமது தன்னுடைய தலையில் வாரி  
போடுவதும் வாய்நிறை நுரையுந்தள்ளும்  
ஆடுமது வெகுகூத்துக் கண்டாயானால்  
அதுதீரும் வகைவிபரங் கேளுகேளு

### **Nature of Bootha kirigai**

- Getting confusion
- Biting others
- Wallowing on the ash
- Spray the slush over its head
- Frothy excretory mouth
- Singing and dancing

### **8. சலக் கிரிகையின் குணம்**

ஆமப்பா சலத்தினுட கிரிகைகேளு  
அப்பனே தண்ணீரைக் கண்டாலோடும்  
வேமப்பா யதன்மேலே ததும்பிநிற்கும்  
விபரமடா கரணங்கள் மிவேபோடும்  
தாமப்பா வீட்டிலது யிருந்திடாது  
தானாகக் காடதிலே கிடக்குங்கண்டாய்  
நாமப்பா தீர்க்கவகை செப்பக்கேளு  
நன்றான ஆடுதோடா மூலமொன்றே.

### **Nature of Jala kirigai**

- Getting away with panic when approaching water (hydophobia)
- Somersaulting frequently
- Always strolling in and out.

### **9. மோகினிக் கிரிகையின் குணம்**

பாரப்பா மோகினியின் கிரிகையொன்று  
பலனாகு மதினுடைய செய்கைகேளு  
சீரப்பா வந்தவரை வசவுசொல்லும்  
திறமாக நாதவிந்து பெருகிச்சாயும்  
ஊரப்பா பெண்களையுங் கண்டதானால்  
உத்தமனே சிரிக்குமது வாய்புலம்பும்  
காரப்பா அன்னமது அருந்திடாது  
கண்டாலு மெரிந்துவிடுங் குறிப்பைக்கானே.

### **Nature of Mohini Kirigai**

- Scolding others
- Increased seminal and ovarion secretions
- Smiling when seeing females
- Blabbering
- Get annoyance and aversion on food.

#### 10. கல்லெறிக் கிரிகையின் குணம்

ஆமடா யின்னமொரு குணத்தைக் கேளு  
அறிவுகெட்ட கல்லெறியின் கிரிகைதானும்  
தாமடா வாய்புலம்பல் கண்ணைமூடும்  
தானான கல்லெரிந்து அழுகைசெய்யும்  
வேமடா சலமதிலே முங்கிநிற்கும்  
விபரமடா ஆடையது போர்த்திடாது  
ஓமடா அடிக்கடிதான் பொய்யே சொல்லும்  
உத்தமனே சிசுக்களையுங் கடிக்குந்தானே.

#### Nature of Kalleri Kirigai

- Moaning with closed eyes
- Crying with throwing stones
- Gets submerged in water
- Not covering himself with clothes
- Always telling lies
- Biting the babies.

#### 11.கும்பிடு கிரிகையின் குணம்

காணப்பா யின்னமொரு கிரிகைதானும்  
கனமாகக் கும்பிடுமோர் கிரிகை யொன்று  
வீணப்பா மனுக்களையுஞ் சீவசெந்து  
விதமாகக் கண்டவுடன் பணிந்து நிற்கும்  
தோணப்பா அன்னமது மெத்தக் கொள்ளும்  
துடியாக யேவியயெத் தொழிலுஞ் செய்யும்  
பேணப்பா பெண்களையும் பிள்ளைதன்னை  
பிடியாக அடித்துறுமுந் திட்டம்பாரே.

#### Nature of Kumbidu Kirigai

- Showiwnng modesty on the fellow beings even on the creatures and serpents.
- Taking more food
- Doing any work commanded by others expeditiously
- Beating the children and females

## 12. முணங்கக் கிரிகையின் குணம்

செய்யடா முணங்கமென்ற கிரிகைதானும்  
திறமாகு மதனுடைய செய்கைகேளு  
கையப்பா விரல்மடக்கும் விரித்திடாது  
கனமாகக் கண்டதெல்லம் புலம்பும்வாயால்  
பையப்பா நாழிகைக்குத் தடவை யொன்று  
பலனாக அழுதுகண்ணீர் மிகவே பொங்கும்  
உய்யப்பா அரைக்கணமு மிருந்திடாது  
உத்தமனே தூங்காது அபயங்கானே.

### Nature of Munangal kirigai

- Folding the fingers, and never stretch them out
- Crying with tears for every 24 minutes
- Non – staying in one place lie down.

## 13. அலர்க் கிரிகையின் குணம்

கேளப்பா அலர்க்கிரிகை குணங்கள் தன்னை  
கெடியாக உனக்கறியச் சொல்வேன் கேளு  
நாளப்பா கைகால்க ளசைந்திடாமல்  
நன்றாகக் கண்களையும் மூடிக்கொள்ளும்  
ஆளப்பா சத்தமிட்டு வாயோவென்னும்  
அப்பனே தன்னிச்சை யாகவேதான்  
பாளப்பா கூப்பிடுதல் கண்டாயானால்  
பலனாகுந் துவாலையொன்று பாருபாரே

### Nature of Anal kirigai

- Closing his eyes and keeping his extremities unmoved.
- Crying as “Vaa” (come) and “Po” (go)
- patient gets improvement if he takes the food voluntarily

## 14. மருட்டுக் கிரிகையின் குணம்

தேடுவது மருட்டுவின் குணங்கள் கேளு  
திறமாக இருவிழிகள் மருட்டியேதான்  
கூடுவது மனுக்களையுங் கண்டாப்போலே  
கூர்மையடா கைநீட்டி வாவாவென்று

பாடுவதும் வலிக்குமடா பரியாசங்கள்  
பலனாகச் சொல்லும்போ தாடைதன்னை  
ஊடுவது அவிழ்ததெறியும் பிறந்தகோலம்  
உத்தமனே சலமதனைக் குடிக்கும்பாரே.

#### **Nature of Maruttu kirigai**

- Threatening by starring gaze, singing as “Come” “Come” when he sees the persons
- Doing mockery
- Casting the attire and appears naked
- Drinking the lot of water

#### **15. முடுகிரிகையின் குணம்**

ஆமென்ற கிரிகையிலே வீரம்மெத்த  
அறிவாகு முடுகிற கிரிகைகேளு  
தாமென்ற தேகமடா சலமேயுறித்  
தானாகச் சன்னிகொண்ட மார்க்கம் போல  
நாமென்றே கிடக்குமது முச்சுயில்லை  
நன்றாக இப்படியே கண்டாயானால்  
ஓமென்றே தீர்க்கவகை யறியச் சொல்வேன்  
உத்தமனே வேப்பெண்ணெய் படிதான் வாங்கே.

#### **Nature of Moodu kirigai**

- The patients body seems to be suffering from delirium (Janni-High fever with convulsions) and appears chilled with hyperhydrosis.
- Lying down unconscious

#### **16. வலிப்பு கிரிகையின் குணம்**

ஆச்சென்ற வலிக்கிரிகைக் குணத்தைக் கேளு  
அப்பனே வாய்புலம்பல் மேனியெல்லாம்  
வீச்சென்ற நடுக்குவலி திட்டம்போல  
விபரமடா சத்திமிட்டு முழங்கும்போது  
கூச்சென்றே தேகமதிற் பாத்தாயானால்  
குறியாகும் படபடென நரம்புயெல்லாம்  
முச்சென்றே சுருட்டியது வாங்கியேதான்  
முகனையடா தலையசைத்து ஆடும்பாரே.

### Nature of Valippu kirigai

- Lamentation
- Spasmodic tremor
- Engorgement of the veins
- Clearly seen when the patient is screaming
- Involuntary movements of the head.

### 17. நீர்க்குடி கிரிகையின் குணம்

தானான நீர்க்குடியின் கிரிகை கேளு  
தப்பாம லுனக்கறியச் சொல்வேனப்பா  
வானான சலங்கள் மிகக் குடிக்கும்பாரு  
வாயாலே குமுகுமெனக் கக்குங்கீழே  
கோனான கண்குழியாய் விழுந்துபோகும்  
குறியான சோறுமெத்த உண்டிடாது  
நானான யென்று சொல்லிப் பாடி யேதான்.  
நலமில்லாத் தலைசுற்றி யாடுந்தானே.  
காணப்பா யிப்படியே திட்டங்கண்டால்  
கருவாகத் தீர்க்கவகை விபரங்கேளு

### Nature of Neerkudi kirigai

- Drinking more water and vomiting
- Sunken eyes
- Takes less food only
- Sing and dance with whirling himself, complaining vertigo

### 18. பேய்பிடிக்க கிரிகையின் குணம்

ஆச்சென்ற பேயினுட கிரிகைகேளு  
அப்பனே அதினுடைய குணத்தைசெல்வேன்  
மூச்சென்ற மயானத்தில் ஓடியேதான்  
முகளையடா அபயமிட்டு அடித்துக்கொண்டு  
ஏச்சென்ற பேய்களத்தின் பெயர்கள் சொல்லி  
இருந்தாடும் மயானத்தின் சாம்பல்தன்னில்  
பூச்சென்ற சீலையெல்லாங் கிழித்தெறிந்து  
புகழாக வந்துநின்று மனுக்களைத்தான்  
நாச்சென்று குலைத்ததுவுங் கடித்துவாரி  
நன்றாக உதிரமதைக் குடிக்குங்காணே.  
காணப்பா திட்டமது கண்டாயானால்  
கருவாகத் தீர்க்கும்வகை சொல்லக்கேளு

### **Nature of Paeipidi kirigai**

- He screams and run away to the crematorium and beating himself.
- Dancing and screaming by calling the demons names, tear the cloth.
- Bite others and hectic for blood.
- Swallow on the crematorium ash.

### **ABNORMAL NAADI INDICATING KIRIGAI ROGAM**

In kirigai Rogam, Pitha naadi and pithathil ushna naadi was diagnosed

#### **Accordind to the text, Noi Naadal Noi Mudal Nadal Part -1**

“உறுதியுள்ள பித்தமது தோன்றில் வெப்பு  
உஷ்ணவாயு வத்திசுர மதிசா ரங்கள்  
மறதியுடன் கிறுகிறுப்பு பயித்திய ரோகம்  
வளர்சோகை யழலெரிவு காந்தல் கைப்பு  
இருதயத்தில் கலக்கமது மறப்பு தாகம்  
எழுங்கனவு மேயனைவு மயக்க மூர்ச்சை  
சிறிதுபெரும் பாடுரத்தம் பிரமே கங்கள்  
சேர்ந்துமிகு பிணிபலவுஞ் சிறக்குந் தானே.”

#### **பித்த மிகுதியுடன் உட்டிணம் சேர்ந்ததாலுண்டாம் குறிகுணங்கள்**

“தழைப்பான பித்தத்தி லுட்டிணங் கொண்டால்  
சமயத்தி சுரம்வெதுப்பு சத்தி குன்மம்.  
களைப்பான பொருத்துளைவு அதிசாரங்கள்  
கடுப்புடனே வயிற்றுவலி மூலவாயு  
இளைப்பாகி ஊண்மறுத்தல் நாக்கசப்பு  
இரவில் கனவுடனே சங்கார தோடம்  
பழைப்பான பயித்தியநோ யெரிவுதாகம்  
வந்தணுகில் பல பிணிக்கும் வகைய தாமே”

#### **பித்த மிகுதியுடன் வாயு சேர்ந்ததாலுண்டாம் குறி குணங்கள்**

“வகையான பித்தத்தில் வாயு கூடில்  
வசமானால் வலிகுன்மம் சூலை வாய்வு  
பகையான வாந்திவிக்கல் அருவ ருப்பு  
பயித்தியங்கள் செரியாமை புளித்த ஏப்பம்  
தகையாத ஈரல்வலி நெஞ்சில் நோதல்  
தலைகிறுக்கு செதியாந் தாது நட்டம்  
துகைமூல வாயுற்றா லுஷ்ணஞ் சோகை  
தொடர்ந்துவரும் பல்பிணிக்குந் தொணிப்பு கானே.”

## **Pancha- Patchi Saastram**

Pancha-Patchi Saastram is based on ancient literature in Tamil language. Pancha means five and Pakshi means Bird. The Pancha-Pachi system has some resemblance to the Pancha-Bootham (Five elements) system of Vedic Astrology. It is believed that the Five Elements represented by five birds, influence and control all the actions of human beings. These five birds take their turns in a special sequence and radiate their powers during day and night. The power that takes effect first on a day or night and the sequence that follows depends on the day of the week and the Patcham (waxing half or waning half cycles) of the Moon.

One of the five birds is assigned to every human being as the controlling power based on the Birth Star of the person and the Patcham of the Moon at the time of birth. The activity of this Main Bird at a given point of time and the activity of the Sub-Bird at that time and the relationship between them indicates whether the time will be beneficial and lucky for the person or not. Pancha-Patchi Saastram is very popular in South India especially Tamil Nadu. It helps in selecting auspicious time and also for answering queries .

The five birds in the Pancha-Patchi Saastram are:

- 1- Vulture
- 2- Owl
- 3- Crow
- 4- Cock
- 5- Peacock

These birds engage in any one of the following five activities at any given time:

- 1- Rule
- 2- Eat
- 3- Walk
- 4- Sleep
- 5- Die
- The birds are considered most powerful when they rule and least powerful when they die.
- To find out your Birth Patchi (Natchatra Patchi) you have to know your birth star according to Vedic Astrology and the Patcham of the Moon at the time of



your birth. The half of the Lunar Cycle when the Moon increases in size and reaches the Full Moon (Pournami) is called Sukla-Pacham and the other half of the cycle when the size decreases until the New Moon is called the Krishna-Pacham. Birth Stars are based on the longitude of Moon and are 27 in number from Aswini to Revati

The five birds rule certain days of the week and the days when your bird rules are considered good for you. Also, the days on which your bird is least powerful (death days) will be least useful for you. It is best not to undertake important tasks or take decisions on such days. The ruling days and death days also depend on the Pacham of the day you are considering for an activity. While death days of a bird are same for day as well as night, the ruling days are different for day and night.

## **THEORATICAL VIEW OF DISSERTATION TOPIC SIDDHA PHYSIOLOGY**

Physiology is the science deals with bodily changes which explains the physical and chemical factors that are responsible for origin, development and progression of life.

The siddha criteria greatly explains above all changes of human body on the basis of 96 thathuvas.

These 96 basic principles are structural units of the body. Apart from, this the body relay on.

- |                         |   |               |
|-------------------------|---|---------------|
| ➤ Physical constituents | - | Udal Katukkal |
| ➤ Tastes                | - | Suvaigal      |
| ➤ Reflexes              | - | Vagangal      |
| ➤ Immunities            | - | Udal Vanmai   |
| ➤ Body fires            | - | Udal thee     |

### **96. Thathuvam :**

In universe each and every atom consists of 96 thathuvam. 96 thuthuvam control and act the Uyir in powerful manner.

### **Panchabootham : 5**

- |         |   |  |
|---------|---|--|
| 1 .Mann | - | All organism and materials are formed and are well growed.                       |
| 2. Neer | - | It gives chillness, and softness. It unites all things.                          |
| 3. Thee | - | It gives heat, sharpness dryness and Brightness. It makes all things colourfully |
| 4. Vayu | - | It gives tiredness to the body.  |
| 5. Vinn | - | It gives space to all other boothams.  |

### **Pori - 5**

- |           |   |                     |
|-----------|---|---------------------|
| 1. Ear    | - | It stands as space  |
| 2. Skin   | - | It stands as air    |
| 3. Eye    | - | It stands as fire   |
| 4. Tongue | - | It stands as water. |
| 5. Nose   | - | It stands as Earth, |

**Pulan -5**

- |          |   |         |
|----------|---|---------|
| 1. Sound | - | Aagayam |
| 2. Touch | - | Vaayu   |
| 3. Light | - | Thee    |
| 4. Taste | - | Neer    |
| 5. Smell | - | Mann    |

**Kanmenthiriyam -5**

- |               |   |       |
|---------------|---|-------|
| 1. Mouth      | - | Vinn  |
| 2. Leg        | - | Vayu  |
| 3. Hand       | - | Thee  |
| 4. Anus       | - | Neer  |
| 5. Sex organs | - | Mann. |

**Kanmavidayam -5**

- |             |   |              |
|-------------|---|--------------|
| 1. Vasanam  | - | Speaking     |
| 2. Kamanam  | - | Walking      |
| 3. Thanam   | - | Giving       |
| 4. Visarkam | - | Defecation   |
| 5. Anandam  | - | Reproduction |

**Anthakaranam -4**

1. Manam
2. Puththi
3. Siddham
4. Agankaram

**Arivu -1 - Wisdom :****Naadi -10**

- |               |   |   |
|---------------|---|---|
| 1. Idakalai   | - | It starts right big toe runs opposite side to the left<br>a. nostril. It Controls the left side of human body.          |
| 2. Pinkalai   | - | It starts from left big toe runs opposite side to the<br>a. right nostril. It controls the right side of human<br>body. |
| 3. Suzhumunai | - | It is situated between idakalai and pinkalai  |
| 4. Siguvai    | - | It acts on nerve of the right eye   |
| 5. Purudan    | - | It acts on nerve of the left eye.   |
| 6. Kanthari   | - | It acts on nerve of the right ear   |

- |              |   |   |
|--------------|---|---|
| 7. Aththi    | - | It acts on nerve of the left ear            |
| 8. Alampudai | - | It acts on nerve of the tongue.             |
| 9. Sankini   | - | It acts on nerve of the reproductive organs |
| 10. Gugu     | - | It acts on nerve of the rectum              |

### **Vayu -10**

- |                 |   |   |
|-----------------|---|---|
| 1. Piranan      | - | Uyirkaal                                |
| 2. Abaanan      | - | Keel Varambu Thozhil vali (Lower motor) |
| 3. Uthanan      | - | Mael Varambu thozil vali (Upper motor)  |
| 4. Viyanan      | - | Niravukaal (Paruvukaal)                 |
| 5. Samanan      | - | Oli vali                                |
| 6. Nagan        | - | Vizhi vali                              |
| 7. Koorman      | - | Kotaavi vali                            |
| 8. Kirukaran    | - | Thummal vali                            |
| 9. Devadathan   | - | Imai vali                               |
| 10. Dhananjeyan | - | Veengu vali                             |

It things upon delight and regret It analysis upon Nal Vinai and Thee vinai  
Determination and Achievement.

### **Aasayam -5**

- |                   |   |                      |
|-------------------|---|----------------------|
| 1. Amarvasayam    | - | Stomach              |
| 2. Pahirvasayam   | - | Liver and intestines |
| 3. Salavasayam    | - | Urinary system       |
| 4. Malavasayam    | - | Rectum and anus      |
| 5. Sukkilavasayam | - | Genital organs       |

### **Kosam -5**

- |                       |   |  |
|-----------------------|---|--|
| 1. Annamaya kosam     | - | It consists of body with 7 Udal thathukkal,. |
| 2. Piranamaya kosam   | - | Praanan + Kanmenthirium                      |
| 3. Manomaya kosam     | - | Manam + Gnanenthirium                        |
| 4. Vingnanamaya kosam | - | Puththi + Gnanenthirium.                     |
| 5. Aanandhamaya kosam | - | Praanan+ Suzhuththi.                         |

**Aatharam -6**

- |                 |   |   |
|-----------------|---|---|
| 1. Moolatharam  | - | Between the anus and external genitalia.  |
| 2. Swathitanam  | - | It lies 2 Virarkadai above Moolatharam.   |
| 3. Manipooragam | - | It lies 8 Virarkadai above Swathitanam    |
| 4. Anaagatham   | - | It lies 10 Virarkadai above Manipooragam. |
| 5. Vishuthi     | - | It lies 10 Virarkadai above Anagatham.    |
| 6. Aakkinai     | - | It lies 12 Virarkadai above vishuthi.     |

**Mandalam - 3**

- |                     |   |   |
|---------------------|---|---|
| 1. Thee Mandalam    | - | In between Moolatharam and Swathitanam, |
| 2. Gnayiru Mandalam | - | In between Manipooragam and Anagatham   |
| 3. Thingal Mandalam | - | In between Vishuthi and Aakkinai        |

**Malam -3**

- |             |   |                      |
|-------------|---|----------------------|
| 1. Aanavam  | - | Stage of selfishness |
| 2. Kanmam   | - | Fruits of deed       |
| 3. Maayai.. | - | Stage of illusion.   |

**Thodam 3**

- |           |   |                      |
|-----------|---|----------------------|
| 1. Vatham | - | Derangement of Vayu  |
| 2. Pitham | - | Derangement of Thee  |
| 3. Kabam  | - | Derangement of Neer. |

**Edanai -3.**

- |                    |   |                      |
|--------------------|---|----------------------|
| 1. Porulpatru      | - | Material bindings.   |
| 2. Puthalvar patru | - | Off spring bindings. |
| 3. Ulaga patru     | - | Worldly bindings.    |

**Gunam- 3**

- |                    |   |  |
|--------------------|---|--|
| 1. Sathuv gunam    | - | Goodness in all things   |
| 2. Raasatha gunam  | - | Manifestation of passion, pride, courage, zeal, jealousy, knowldge etc., |
| 3. Thaamatha gunam | - | Badness in all aspect i.e., opp to sathuva gunam                         |

**Vinai -2**

- |               |   |           |
|---------------|---|-----------|
| 1. Nal vinai  | - | Good deed |
| 2. Thee Vinai | - | Bad deed  |

**Ragam -8**

- |               |   |                  |
|---------------|---|------------------|
| 1. Kaamam     | - | Desire           |
| 2. Krotham    | - | Hatred           |
| 3. Lob am     | - | Strongly         |
| 4. Moham      | - | Lusk             |
| 5. Matham     | - | Pride            |
| 6. Marcharyam | - | Internal comflit |
| 7. Idumbai    | - | Mockery          |
| 8. Agankaaram | - | Ego.             |

**Avaththai-5**

- |                  |   |                   |
|------------------|---|-------------------|
| 1. Ninaivu       | - | Wake fulness.     |
| 2. Kanavu        | - | Dream             |
| 3. Urakkam       | - | Sleep             |
| 4. Paerurakkam   | - | Stage of stupor   |
| 5. Uyirppadakkam | - | Stage of samathi. |

96 thathuvam are omni present. Man having 96 thathuvam is like a Divine in the temple. If temple is collapsed, 96 thathuvam will not be stable there.

**Udal Thathukkal - 7**

Udal Thathukkal control the normal functions of the body. Increasing or decreasing of the Udal thathukkal can affect the body. So maintenance of Udal thathukkal in their normal level are very important to maintain the normal body.

- |                          |   |                    |
|--------------------------|---|--------------------|
| 1. Saaram                | - | Chyle              |
| 2. Senneer               | - | Blood              |
| 3. Oon                   | - | Muscle             |
| 4. Kozhuppu              | - | Fat                |
| 5. Enbu                  | - | Bone               |
| 6. Moolai                | - | Bone marrow, brain |
| 7. Sukkilam / Suronitham | - | Sperm / ovum       |

### **Udal Vanmai - 3**

1. Eyarkai vanmai - It is formed from Mukkunam naturally
2. Kaala Vanmai - It is formed by different age periods and seasons.
3. Seyarkai vanmai - Body is protected in healthy level by diet, good habits and medicine.

### **Vegangal - 14 (Natural Urges -14)**

1. Vatham - Downward force
2. Thummal - Sneezing
3. Siruneer - Micturition
4. Malam - Defaecation
5. Kottaavi - Yawning
6. Pasi - Hunger
7. Neervetkai - Thirst
8. Kasam - Cough
9. Elaippu - Exhaustiveness
10. Nithirai - Sleep
11. Vaanthi - Vomitting
12. Kanneer - Lacrimation
13. Sukkilam /Suronitham- Genital secretion
14. Suvaasam - Breathing

### **Udal Akkini – 4**

1. Samanakkini - It is called naturely situated samanavayu. It is responsible for proper digestion
2. Vishamaakkini - Alteration of samanavayu from its natural place is called vishamaakkini. It causes irregular digestion and it may change in food, poisonous.
3. Deekshanakkini - The combined form of samanavayu and pitham called deekshanakkini. This condition causing excessive digestive fire burning large amount of food in a lesser duration of time.
4. Mandhakini - Samanavayu combined with kabam to form mandhakini. Food is poorly digested and process of digestion takes long time.

## Suvai- 6

Suvai is appreciated by tongue. Each suvai consists of 2 bootham

1. Inippu - Maan + Neer – Kabam ↑
2. Pulippu - Maan + Thee - Kabam, Pitham ↑
3. Uppu - Neer + Thee - Kabam, Pitham ↑
4. Kaippu - Vali + Vinn - Vatham ↑
5. Kaarppu - Vali + Thee - Pitham, Vatham ↑
6. Thuvarppu - Maan + Vali - Vatham

## YAKKAI (SOMATIC TYPES)

Characters	Vatha Constitution	Pitha Constitution	Kaba Constitution
Built and appearance	Lean and lanky, lengthy built	Moderate built	Short, uniform thickness, broad built.
Skin - colour & Complexion	Dark and light admixed complexion. Dry skin	Red and Yellow. Wrinkles and shiny	Yellowish White. Fleshy, flappy and
Bones and Joints	Cracking sound of joints on walking with prominent joints	Thin covering of bones and joints by soft tissue	Plumpy joints and limbs
Hair and Eyelashes	Split hair and dark eyelashes	Sparse hair with graying	Dark and Dense hair
Appearance of Eyes	Lengthy Eyes	Easily suffusing eyes due to heat and	Sparkling eyes
Vision	Long sight	Short sight	Clear sight
Voice	Clear and high pitched voice	Clear and medium pitched Voice	Husky and unclear. Low pitched voice
Tongue	Lengthy, sharp ended tongue with black	Medium and yellow or red coloured	Blunt, thick tongue with white coated
Appetite	Scant appetite for cold food items	Increased appetite and intolerance to hunger, thirst, heat	Less appetite and tolerant to hunger, thirst, heat
Taste	Desire for pungent, salt, sweet, heat	Desire for bitter, sweet, astringent	Desire for sour, bitter, astringent



Sleep	Sleeping with half closed	Medium sleep	Deep sleep
Dreams	Flying dreams around the hills, sky. Walking around the dense forest.	Seeing like yellow colour flowers, fire, sun, thunder etc.	Seeing the cooling places like lotus in the pond,.
Strength	Poor strength	Medium strength	Immense strength
Character	Unstable mind, change of mood according to situation	Medium. Discipline, Good habits, Eagerness	Stable mind. Discipline and increased knowledge
Knowledge	Oscillation mind	Brilliance	Genius
Sexual activity	Loss of libido	Desire in sexual	Loss of libido

## **SIDDHA PATHOLOGY**

Siddha Pathology deals with the aetiology, pathogenesis and the clinical features of diseases. Siddha medicine accepts that trihumoural pathology and diseases conditions are attributed to imbalance in normal physiological status of humours.

Much importance is laid on humoral composition of the body and their normal functioning is influenced by a number of exogenous and endogenous factors. The most important factors among them are as follows.

### **Causes For Disease :**

Occurrence of disease in the body is due to

1. Alterations in Udal thathukkal
2. Seasonal variations.
3. Changes in food habits
4. Constraint of 14 Natural urges.

### **1. ALTERATIONS IN UDAL THATHUKKAL**

The human body is made of seven basic physical constituents. These constituents should be in harmony and normality. Any variations in them will lead to their functional deviations.

The following udal thathukkal are affected in Azhal Kalladaippu.

### **CHANGES OF UDAL THATHUKKAL**

#### **1. SAARAM**

##### **Increased features**

- Poor appetite
- Hyper salivation
- Palloriness

##### **Decreased features**

- Tiredness of the body

## **2. SENNEER**

### **Increased features**

- Poor appetite
- Redness of the eye
- Mood disturbance

### **Decreased features**

- Palloriness

## **3. OON**

- Decreased features
- Lethargic sense organs
- Pain all over the body

## **4. KOZHUPPU**

### **Increased features**

- Tiredness

## **5. ENBU**

### **Decreased features**

- Joint pain
- Splitting of nails & hairs

## **6. MOOLAI**

### **Increased features**

- Heaviness of body & eyes
- Swollen Interphalangeal joints

### **Decreased features**

- Diminished vision

## **7. SUKKILAM/SURONITHAM**

### **Increased features**

- Increased sexual activity

### **Decreased features**

- Dribbling of sukkilam/suronitham

## 2. SEASONAL VARIATIONS :

Seasonal variations which affect the normal constituents of the body and these causes disease.

- Thannilai Valarchchi means Mukkuttram are increasing from their normal level.
- Piranilai Valarchchi means increased Mukkuttram spread into other places.
- Thannilai Adaithal means Mukkuttram are stable in their own places

**Table 1 Seasonal Variations of Uyir Thathukkal**

S.No	Mukkutram	Thannilai Valarchi	Piranilai Valarchi	Thannilai Adaithal
1.	Vali	Muthuvenir Kaalam	Kaarkaalam	Koothir kaalam
2.	Azhal	Kaar kaalam	Koothir kaalam	Munpani kaalam
3.	Iyam	Pinpani kaalam	Ilavenir kaalam	Muthuvenir kaalam

## 3. BASIC CONCEPTS

### BASIC CONCEPTS OF MUKKUTRAM

Vatham	Abanan, Malam, Kamakodi, Unthiyin Kizhmoolam, Hipbone, Joints, Nerve Plexus, Idakalai, Skin etc.,
Pitham	Pingalai, Pranan, Urinary Bladder, Heart, Moolakkini, Head, Abdomen, Sweat, Blood, Saliva, Digested Material, Eyes etc
Kapham	Samanan, Suzhumunai, Vinthu, Head, Fat, Marrow, Blood, Nose, Colon, Joints etc.

## FUNCTIONS OF MUKKUTRAM

Vatham	Pain in the body, twitching piercing pain, inflammation, reddish complexion, roughness of skin, hardness of limbs, astringent sense of taste in the mouth, taste not palatable, sweating during sleep, traumatic pain, constipation, oliguria, blackish discolouration of skin, stool, urine and muddy conjunctiva
Pitham	Acidity, burning sensation in the throat, stomach, yellowish discolouration of skin, eye, urine, sense of defecation profuse sweating, dizziness etc
Kapham	Fair complexion, itching, dullness, cold, heaviness, loss of sensation, sweetness in mouth, indigestion etc

## ROLE OF MUKKUTRAM CAUSATION OF DISEASE

Increase or decrease of these can cause some standing symptoms which are tabulated below

	<b>Vatham</b>	<b>Pitham</b>	<b>Kapham</b>
Increase	Tremors, distended abdomen, constipation, weakness, insomnia, breathlessness	Yellowish discolouration of eyes, skin, urine, motion, polyphagia, polydypsia, burning sensation all over the body, sleeplessness	Loss of appetite excessive salivation, heaviness, excessive musculature, dyspnoea, excessive sleepiness.
Decrease	Body pain, feeble voice, diminished competence of intellectual functions, syncope etc.,	Decreased appetite, cold, pallor, symptoms associated with defective growth of kapham	Prominence of bony edges, Dry cough, lightness, profuse sweating, palpitation.

## **ALTERATIONS IN MUKKUTRAM**

### **Alteration in Vali.**

- Affected Abanan
  - Constipation
  - Oliguria
  - Swelling in Male,
  - Female genitalia
  - Abdominal distension
  - Muscle like stone formation
- Affected Vyanan
  - Pricking pain below the navel region
  - Pain in Urethra
- Affected Udhanan :
  - Nausea
  - Vomiting
- Affected Kirukaran
  - Nausea

### **Alteration in Azhal**

- Affected Sadhagam
  - Regular activities was affected

### **Alteration in Iyam :**

- Pain present in the lumbosacral and hip joints

## MODERN ASPECT

### NEURO SCIENCE OF CENTRAL NERVOUS SYSTEM

The brain has the consistency of firm jelly, and therefore is protectively encased in a thick, bony skull. The brain literally floats in about 150 millilitres (mL) of **CerebroSpinal Fluid** (CSF) secreted by the choroid plexus. Approximately 500 mL of CSF is secreted daily, which slowly circulates down through the four ventricles, up through the subarachnoid space and exits into the cerebral veins through the arachnoid villi. The brain has no lymphatic system, so the CSF serves as a partial substitute.

The brain covered by three connective tissue layers are,

- DURA MATER
- ARACHNOID MATER
- PIA MATER

The **dura mater** is a tough, protective connective tissue which is tightly bound to the skull, but which encases the cerebral veins.

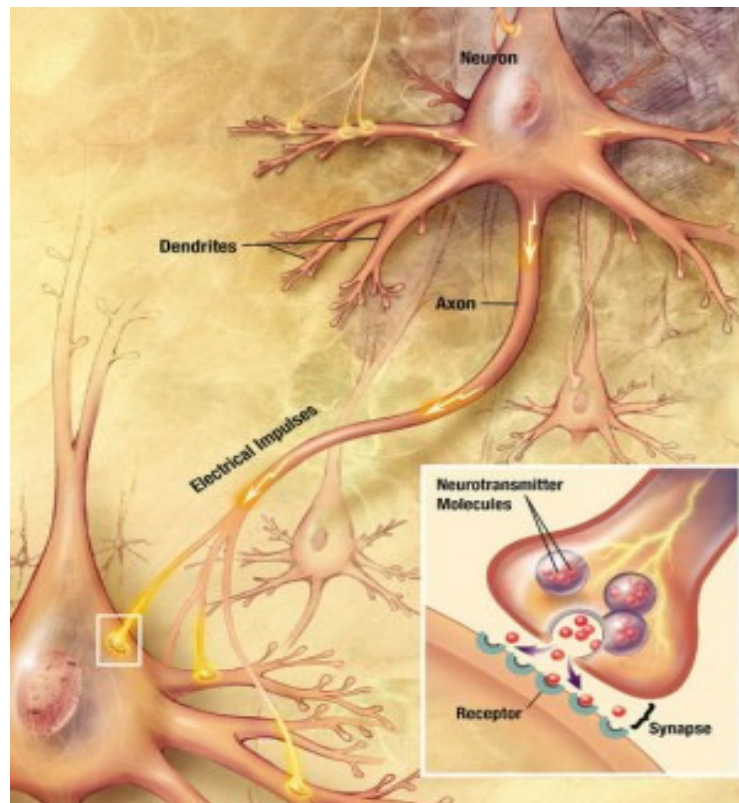
Under the dura mater is the **subarachnoid space** containing CSF, arteries and web-like strands of connective/supportive tissue called the **arachnoid** ("spider-like") **mater**.

The **pia mater** is a permeable membrane of collagen, elastin fibers & fibroblasts on the floor of the subarachnoid space which allows diffusion between the CSF and the interstitial fluid of the brain tissue. The pia mater lies on a membrane that is infiltrated with astrocyte processes. The dura mater, the arachnoid mater and the pia mater are collectively referred-to as the **meninges**.

While the brain & CSF are separated by the somewhat permeable pia mater, the **blood-cerebrospinal fluid barrier** and the **blood-brain barrier** (BBB) represent substantial protection for the brain against undesirable blood substances. These barriers are very permeable to water, oxygen, carbon dioxide and small lipid-soluble substances. They are also somewhat permeable to small electrolytes — and special transport systems exist for some other specific molecules such as essential amino acids. The barriers are the result of endothelial cells which line capillary walls — and glial cells called **astrocytes** which wrap the capillaries with fibers.

## INSIDE THE BRAIN

### Neurons & Neural Circuits



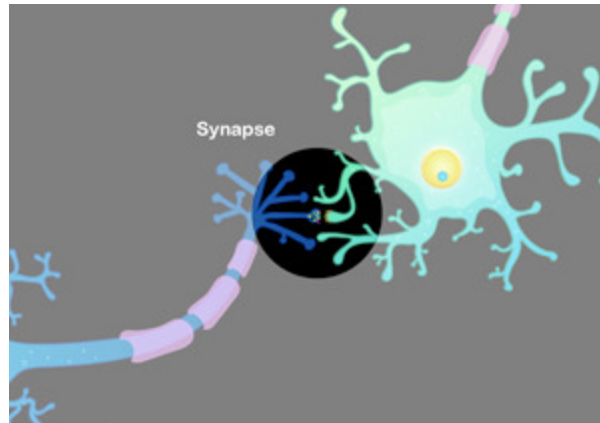
Neurons are the basic working unit of the brain and nervous system. These cells are highly specialized for the function of conducting messages.

A neuron has three basic parts:

#### ***Cell body***

- which includes the nucleus, cytoplasm, and cell organelles. The nucleus contains DNA and information that the cell needs for growth, metabolism, and repair. Cytoplasm is the substance that fills a cell, including all the chemicals and parts needed for the cell to work properly including small structures called cell organelles.
- ***Dendrites*** branch off from the cell body and act as a neuron's point of contact for receiving chemical and electrical signals called impulses from neighboring neurons.
- ***Axon*** which sends impulses and extends from cell bodies to meet and deliver impulses to another nerve cell. Axons can range in length from a fraction of an inch to several feet.



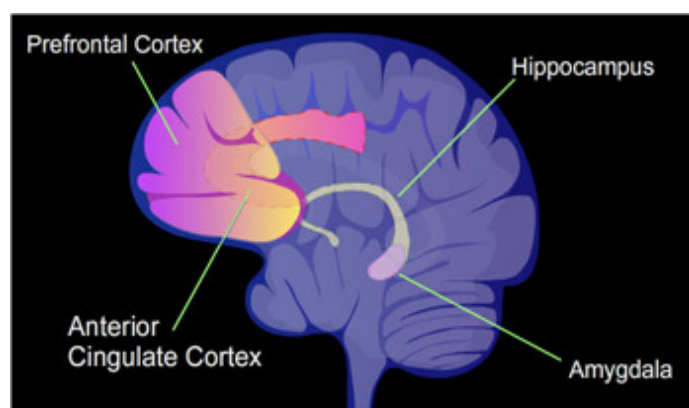


Each neuron is enclosed by a cell membrane, which separates the inside contents of the cell from its surrounding environment and controls what enters and leaves the cell, and responds to signals from the environment; this all helps the cell maintain its balance with the environment.

Synapses are tiny gaps between neurons, where messages move from one neuron to another as chemical or electrical signals.

The brain begins as a small group of cells in the outer layer of a developing embryo. As the cells grow and differentiate, neurons travel from a central "birthplace" to their final destination. Chemical signals from other cells guide neurons in forming various brain structures. Neighboring neurons make connections with each other and with distant nerve cells (via axons) to form brain circuits. These circuits control specific body functions such as sleep and speech.

## Brain Regions



Just as many neurons working together form a circuit, many circuits working together form specialized brain systems. We have many specialized brain systems that work across specific brain regions to help us talk, help us make sense of what

we see, and help us to solve a problem. Some of the regions most commonly studied in mental health research are listed below.

### **AMYGDALA**

The brain's "fear hub," which activates our natural "fight-or-flight" response to confront or escape from a dangerous situation. The amygdala also appears to be involved in learning to fear an event, such as touching a hot stove, and learning not to fear, such as overcoming a fear of spiders. Studying how the amygdala helps create memories of fear and safety may help improve treatments for anxiety disorders like phobias or post-traumatic stress disorder (PTSD).

### **PREFRONTAL CORTEX (PFC)**

Seat of the brain's executive functions, such as judgment, decision making, and problem solving. Different parts of the PFC are involved in using short-term or "working" memory and in retrieving long-term memories. This area of the brain also helps to control the amygdala during stressful events. Some research shows that people who have PTSD or ADHD have reduced activity in their PFCs.

### **ANTERIOR CINGULATE CORTEX (ACC)**

The ACC has many different roles, from controlling blood pressure and heart rate to responding when we sense a mistake, helping us feel motivated and stay focused on a task, and managing proper emotional reactions. Reduced ACC activity or damage to this brain area has been linked to disorders such as ADHD, schizophrenia, and depression.

### **HIPPOCAMPUS**

Helps create and file new memories. When the hippocampus is damaged, a person can't create new memories, but can still remember past events and learned skills, and carry on a conversation, all which rely on different parts of the brain. The hippocampus may be involved in mood disorders through its control of a major mood circuit called the hypothalamic-pituitary-adrenal (HPA) axis.

## **NEURO TRANSMITTERS**

Nerve chemical stored in small sacs at the end of the axon terminals. Electrical stimulation of the neuron causes the release of the neuro transmitters, which flows across the synapse to deliver the message to the receiving dentrite.

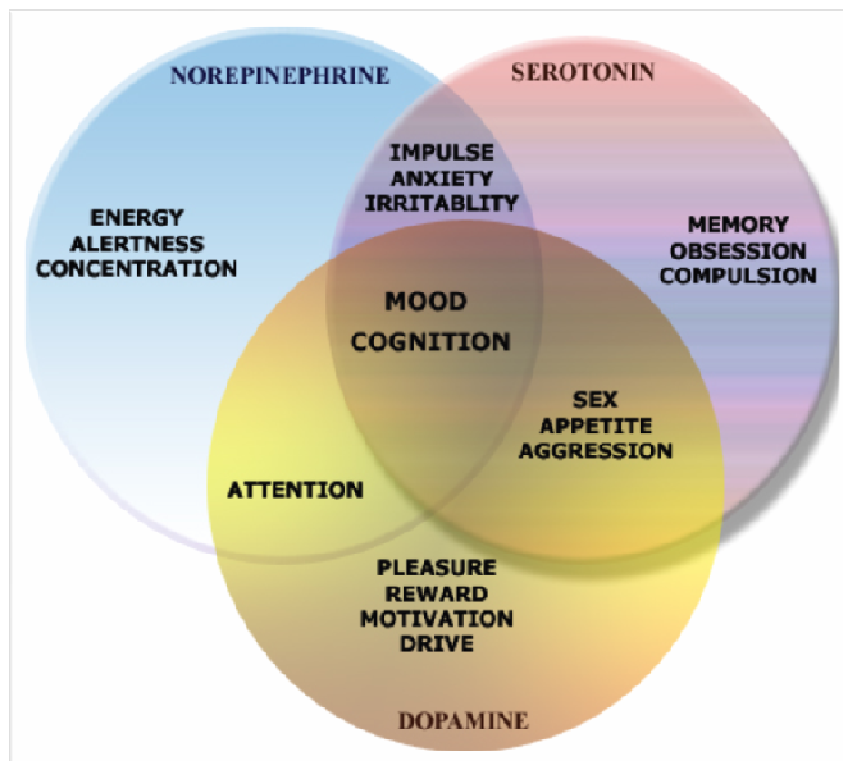
Everything we do relies on neurons communicating with one another. Electrical impulses and chemical signals carrying messages across different parts of the brain and between the brain and the rest of the nervous system. When a neuron is activated a small difference in electrical charge occurs. This unbalanced charge is called an action potential and is caused by the concentration of ions (atoms or molecules with unbalanced charges) across the cell membrane. The action potential travels very quickly along the axon, like when a line of dominoes falls.

When the action potential reaches the end of an axon, most neurons release a chemical message (a neurotransmitter) which crosses the synapse and binds to receptors on the receiving neuron's dendrites and starts the process over again. At the end of the line, a neurotransmitter may stimulate a different kind of cell (like a gland cell), or may trigger a new chain of messages.

Neurotransmitters send chemical messages between neurons. Mental illnesses, such as depression, can occur when this process does not work correctly. Communication between neurons can also be electrical, such as in areas of the brain that control movement.

**The major neuro transmitters are,**

- SEROTONIN
- DOPAMIN
- NOR EPINEPHRINE
- ENDORPHINE
- ACETYLCHOLINE
- GLUTAMATE
- GABA



## ACETYLCHOLINE

In the brain, acetylcholine and the associated neurons form the cholinergic system, which tends to cause excitatory actions. Stimulation of acetylcholine receptors in the brain by **nicotine** from tobacco and **arecoline** from betel nuts causes addiction to these substances. Damage to the cholinergic (acetylcholine-producing) system results in memory deficits associated with Alzheimer's disease.

## NOREPINEPHRINE

Our nervous system is brought into a state of "high alertness" by Noradrenaline. The adrenal glands release it into the blood stream, along with adrenalin. It is also important for forming memories. Noradrenaline along with dopamine, plays a large role in attention and focus.

As a stress hormone, Noradrenaline affects parts of the brain responsible for attention and responding actions. Along with adrenaline, it underlies the fight-or-flight response. Stress tends to deplete our store of adrenalin, while exercise tends to increase it. Street drugs such as Amphetamines work by releasing noradrenaline, as well as other neurotransmitters like dopamine and serotonin.

Disturbances in the noradrenaline system can cause depression.

## **SEROTONIN**

Serotonin is an inhibitory neurotransmitter that is intimately involved in emotion and mood. It has various functions, including the regulation of mood, appetite, sleep, muscle contraction, and some cognitive functions including memory and learning.

Insufficient availability of serotonin can result in:

- Depression
- problems with anger control
- obsessive-compulsive disorder
- suicide
- increased appetite for carbohydrates (starchy foods)
- trouble sleeping

Low levels of serotonin may also be associated with intense spiritual experiences. Extremely high levels of serotonin can have toxic and potentially fatal effects, causing a condition known as serotonin syndrome. It can also cause migraines, irritable bowel syndrome, and fibromyalgia.

## **DOPAMINE**

Dopamine is an inhibitory neurotransmitter that blocks the functioning of neurons. Dopamine has many functions in the brain, including important roles in behavior and cognition, motivation, punishment and reward, sexual gratification, sleep, mood, attention, working memory, and learning.

It is strongly associated with reward mechanisms in the brain providing feelings of enjoyment and reinforcement. Dopamine is released by naturally rewarding experiences such as food, sex, drugs, and neutral stimuli that become associated with them. Recent studies indicate that aggression may also stimulate the release of dopamine. Drugs like cocaine, opium, heroin, and alcohol increase the levels of dopamine, as does nicotine. If it feels good, dopamine neurons are probably involved!

Psychosis has been shown to involve excessive amounts of dopamine in the frontal lobes of the brain responsible for information processing.

Reduced dopamine concentrations in this region of the brain can cause a decline in memory, attention, and problem solving and causing attention deficit disorder (ADHD).

Reduced dopamine activity reduces motivation, and cause inability to experience pleasure.

Low dopamine may related also to social anxiety.

Dopamine plays a role in pain processing with low levels of dopamine associated with chronic pain.

Dopamine increases arousal and goal directed behaviors and decreases latent inhibition thereby increasing the creative drive.

## **ENDORPHINS**

Endorphin is short for "endogenous morphine." It is similar to morphine in structure and has similar functions.

Endorphins are produced during long, continuous moderate and high intensity workouts, when breathing becomes difficult. They are also released during excitement, pain, consumption of spicy food and orgasm, and they resemble the opiates in their abilities to dull pain and produce a feeling of well-being.

Endorphins work as "natural pain relievers." and "pleasure producers". The opioid drugs work by attaching to endorphin's receptor sites.

Profound relaxation triggers the production of endorphins.

## **GABA**

GABA acts like a brake to the excitatory neurotransmitters that lead to anxiety. People with too little GABA tend to suffer from anxiety disorders.

If GABA is lacking in certain parts of the brain, epilepsy results.

## **GLUTAMATE**

Glutamate is the most common neurotransmitter in the central nervous system - as much as half of all neurons in the brain - and is especially important in regards to memory. Glutamate is also toxic to neurons, and an excess will kill them. Sometimes brain damage or a stroke will lead to an excess of Glutamate resulting in death of many more brain cells than from the original trauma.

Glutamate occurs as part of the ischemic cascade (due to decreased blood supply to the brain) and is associated with stroke and diseases autism, some forms of mental retardation and Alzheimer's disease.

Glutamate has been implicated in epileptic seizures.

As your grandmother may have told you, a glass of warm milk helps you to sleep. In fact a little milk before bedtime increases the levels of serotonin. Serotonin is a derivative of tryptophan, which is found in milk.

## **BLOOD BRAIN BARRIER**

Functions to maintain a constant environment for the brain. Filters substances in blood allowing some to cross into the neurons. It is like a wall, some substances enter directly, some by special carrier and some breakdown as chemicals.

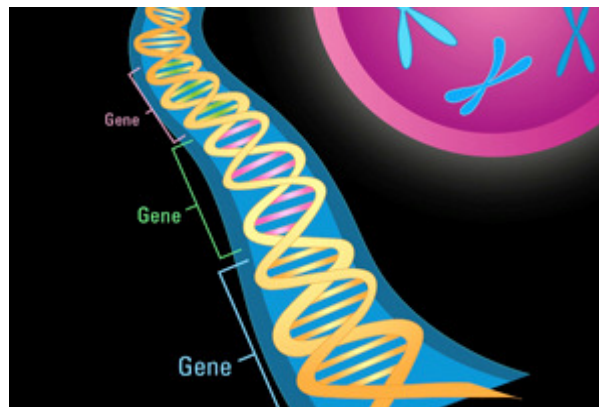
## **AMINO ACIDS**

Building blocks of neurotransmitters.

## **VITAMINS AND MINERALS**

Assist in the production of neurotransmitters (as precursors and catalysts) enhance neurotransmitter activity or protect neurotransmitters from damage.

## **THE CHANGING BRAIN—EFFECTS OF GENES AND THE ENVIRONMENT**



There are many different types of cells in the body. We say that cells *differentiate* as the embryo develops, becoming more specialized for specific functions. Skin cells protect, muscle cells contract, and neurons, the most highly specialized cells of all, conduct messages.

Every cell in our bodies contains a complete set of DNA. DNA, the "recipe of life," contains all the information inherited from our parents that helps to define who we are, such as our looks and certain abilities, such as a good singing voice. A gene is a segment of DNA that contains codes to make proteins and other important body

chemicals. DNA also includes information to control which genes are expressed and when, in all the cells of the body.

As we grow, we create new cells, each with a copy of our original set of DNA. Sometimes this copying process is imperfect, leading to a gene mutation that causes the gene to code for a slightly different protein. Some mutations are harmless, some can be helpful, and others give rise to disabilities or diseases.

Genes aren't the only determinants of how our bodies function. Throughout our lives, our genes can be affected by the environment. In medicine, the term environment includes not only our physical surroundings but also factors that can affect our bodies, such as sleep, diet, or stress. These factors may act alone or together in complex ways, to change the way a gene is expressed or the way messages are conducted in the body. Epigenetics is the study of how environmental factors can affect how a given gene operates. But unlike gene mutations, epigenetic changes do not change the code for a gene. Rather, they effect when a gene turns on or off to produce a specific protein. Scientists believe epigenetics play a major role in mental disorders and the effects of medications. Some, but not all mutations and epigenetic changes can be passed on to future generations.

Further understanding of genes and epigenetics may one day lead to genetic testing for people at risk for mental disorders. This could greatly help in early detection, more tailored treatments, and possibly prevention of such illnesses.



## PSYCHIATRY

### DEFINITION

Psychiatric disorder is a disturbance of cognition, conation or affect or any equilibrium between the three domains. In other words, it deals with disorders of thought, feeling, behaviour and intellectual functions.

The human organism as a whole is composed of two inter-related, interwoven, rather complementary parts — the psyche (mind) and the soma (body). Just as the body reacts to trauma or infections, the mind reacts to emotional stimuli. The mind governs the body hence, its working is all the more complex.

Man is a social animal, part and parcel of the society. He is being constantly influenced by the society and the environment around him. As long as there is harmony or adjustment between man and environment, everything goes well. Any disharmony or maladjustment in this delicate set-up is likely to produce dysfunction of the mind leading to disturbance of feeling, behaviour or some resultant somatic disorder. In fact, a psychiatric illness is a way of expression of the patient's incapability for adjustment to the stress and strains of life. It results from a conflict between aspirations and attainments. For that matter, such an illness is an expression of the frustrations encountered in life.

### ETIOLOGY

#### ➤ Genetic factors

- It is generally accepted that heredity does play a decisive role in its causation.

#### ➤ Biochemical factors

- There is possible an over activity of the dopaminergic neurotransmitter substance in the mesolimbic and mesocortical areas.

#### ➤ Brain injury caused by trauma

- Bleeding into the brain (intra cerebral haemorrhage)
- Bleeding into the space around the brain (subarachnoid haemorrhage)
- Blood clot inside the skull causing pressure on brain (subdural haematoma)

#### ➤ Breathing conditions

- Low oxygen in the body (hypoxia)
- High carbon dioxide levels in the body (hypercapnia)

➤ **Cardiovascular disorders**

- Abnormal heart rhythm (arrhythmias)
- Brain injury due to high blood pressure (hypertensive brain injury)
- Heart infections (endocarditis, myocarditis)
- Transient Ischemic Attack

➤ **Psychological stress and environment**

➤ **Degenerative disorders**

- Alzheimer's disease (also called senile dementia, Alzheimer's type)
- Creutzfeldt–Jakob disease
- Diffuse Lewy Body disease
- Huntington's disease
- Multiple sclerosis
- Normal pressure hydrocephalus
- Parkinson's disease
- Pick's disease

➤ **Infections**

Encephalitis, meningitis, typhoid encephalopathy, cerebral malaria eruptive fevers, pneumonia, Late stage syphilis, Septicemia, AIDS and others.

➤ **Drug or chemical intoxication**

Alcohol, cannabis, opium and related compounds, bromides, barbiturates, beta blockers L-dopa, isoniazid, anticholinergic drugs and others.

➤ **Metabolic disorders**

➤ **Disturbances of fluid and electrolyte balance**

➤ **Vitamin deficiency states**

➤ **Endocrinal disturbances**

➤ **Epilepsy**

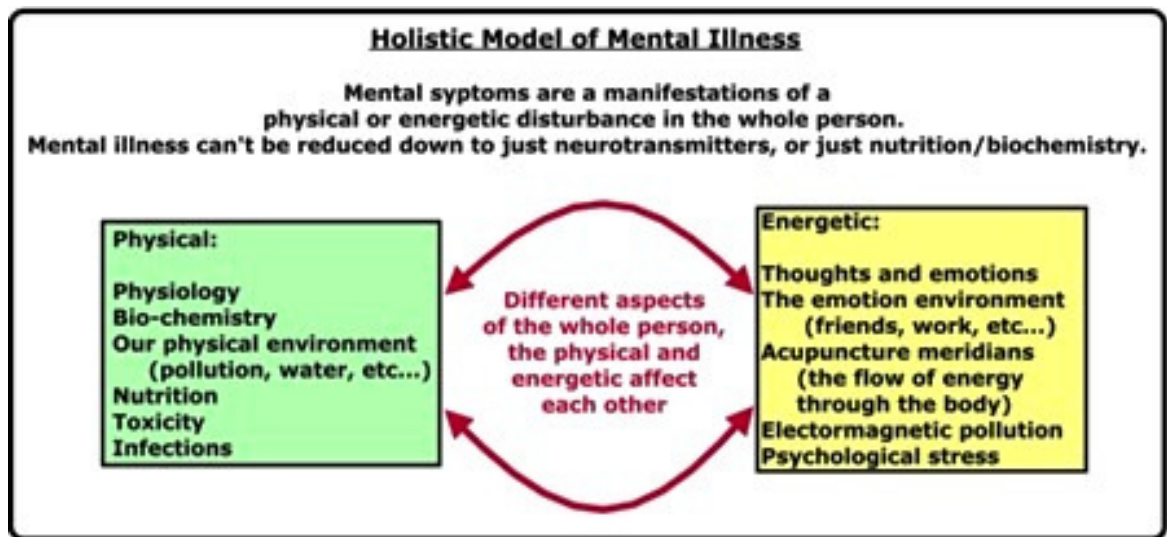
➤ **Shock**

**Other medical disorders**

Cancer

Kidney disease

Liver disease



## CLASSIFICATION

There are currently two widely established systems for classifying mental disorders

International Classification of Diseases (ICD-10) produced by the World Health Organization (WHO)

Diagnostic and Statistical Manual of Mental Disorders (DSM-5) produced by the American Psychiatric Association (APA).

## ICD-10

The International Classification of Diseases (ICD) is an international standard diagnostic classification for a wide variety of health conditions. It focuses on "mental and behavioural disorders" and consists of 10 main groups:

- F0: Organic, including symptomatic, mental disorders
- F1: Mental and behavioural disorders due to use of psychoactive substances
- F2: Schizophrenia, schizotypal and delusional disorders
- F3: Mood [affective] disorders
- F4: Neurotic, stress-related and somatoform disorders
- F5: Behavioural syndromes associated with physiological disturbances and physical factors

- F6: Disorders of personality and behaviour in adult persons
- F7: Mental retardation
- F8: Disorders of psychological development
- F9: Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
- In addition, a group of "unspecified mental disorders".

Within each group there are more specific subcategories.

## **DSM-V**

The DSM-V consists of five axes (domains) on which disorder can be assessed.

The five axes are:

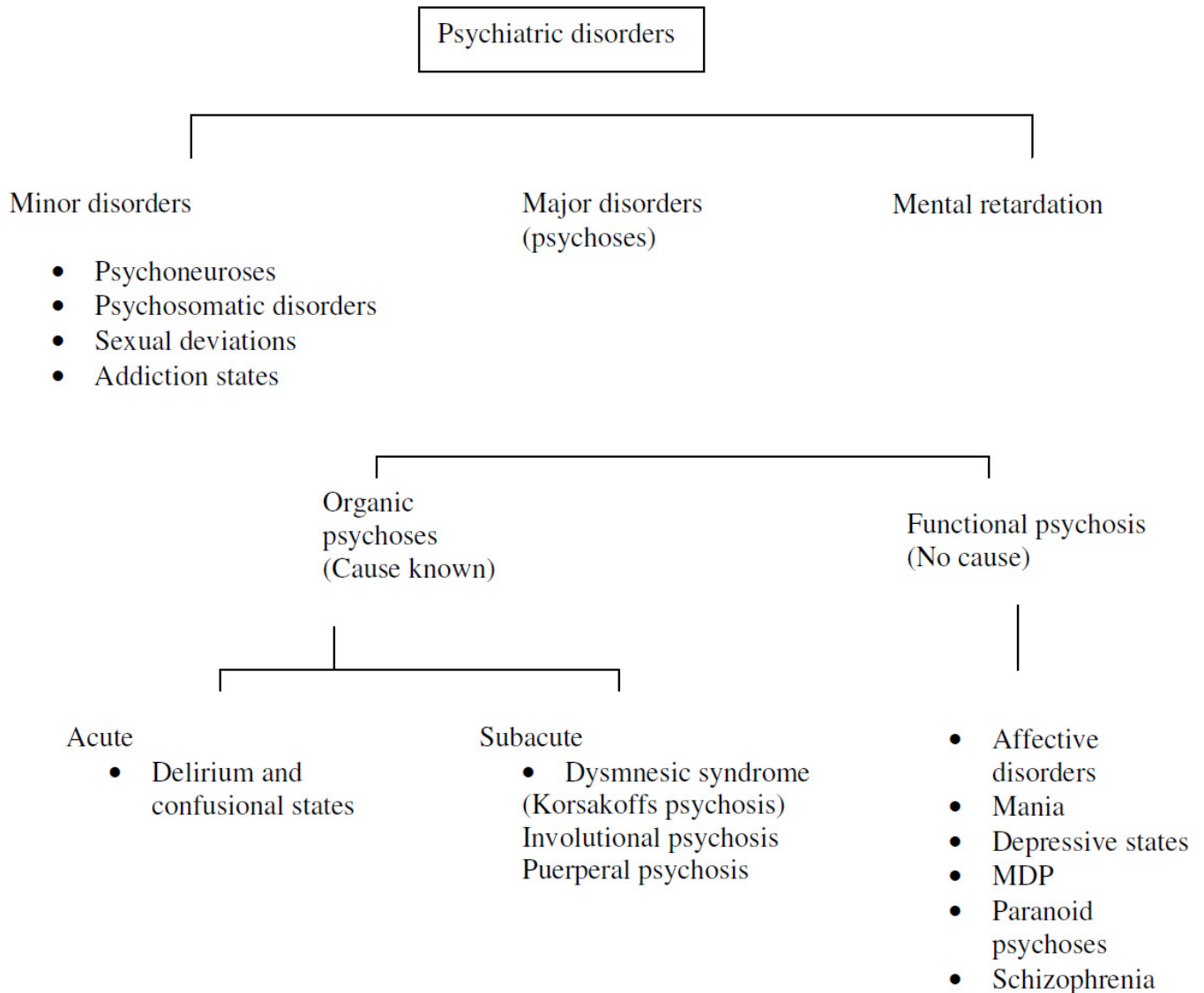
- **Axis I:** Clinical Disorders (all mental disorders except Personality Disorders and Mental Retardation)
- **Axis II:** Personality Disorders and Mental Retardation
- **Axis III:** General Medical Conditions (must be connected to a Mental Disorder)
- **Axis IV:** Psychosocial and Environmental Problems (for example limited social support network)
- **Axis V:** Global Assessment of Functioning (Psychological, social and job-related functions are evaluated on a continuum between mental health and extreme mental disorder)

## **PROFESSIONAL CLASSIFICATION**

Depending upon the amount of stress, the person's personality trait and his emotional capabilities, there are three different types of psychiatric disorders.

1. Personality dysfunctions or emotional imbalances which are beyond the control of the patient although he is aware of these and is still in touch with reality — psychoneuroses (e.g. anxiety state, hysteric reaction).
2. With added strain coupled with heredity and/or organic brain damage or biological changes, there is complete deviation of behaviour from the socially accepted norms - psychoses. The patient loses touch with reality and there is severe disintegration of personality with the presence of delusions and hallucinations (e.g. schizophrenia, manic-depressive psychosis).
3. The mental conflict becomes apparent in the form of certain body symptoms.

In other words, there are emotional disturbances along with physical signs and symptoms without any primary physical disease to account for these psychosomatic illnesses (e.g. peptic ulcer, ulcerative colitis)



Psychiatric disorders may be classified into another three broad groups,

- Major disorders (i.e. psychoses)
- Minor disorders (i.e. psychoneuroses, psychosomatic disorders, personality disorders, sexual deviations and addiction states).
- A third group consists of mental retardation (or mental handicaps) or subnormal mental states.

## **EPIDEMIOLOGY**

Epidemiological studies report prevalence rates for psychiatric disorders varying from 9.5 to 370/1000 population in India. These varying prevalence rates of mental disorders are not only specific to Indian studies but are also seen in international studies. Despite variations in the design of studies, available data from the Indian studies suggests that about 20% of the adult population in the community is affected with one or the other psychiatric disorder.

Overall population have 14.9/1000 prevalence of mental illness. It is higher in rural setting 17.1/1000 than urban 12.7/1000 ( $P < 0.001$ ). There is a strong correlation found with age in rural ( $r = 0.910$ ,  $P = 0.001$ ) and urban ( $r = 0.940$ ,  $P = 0.001$ ).

## **RISK FACTOR**

- Having a blood relative, such as a parent or sibling, with a mental illness.
- Stressful life situations, such as financial problems, a loved one's death or a divorce.
- An ongoing (chronic) medical condition, such as diabetes.
- Brain damage as a result of a serious injury (traumatic brain injury), such as a violent blow to the head.
- Traumatic experiences, such as military combat or being assaulted.
- Use of alcohol or recreational drugs.
- Being abused or neglected as a child.
- Having few friends or few healthy relationships.
- A previous mental illness.

## **COMPLICATIONS**

Mental illness is a leading cause of disability. Untreated mental illness can cause severe emotional, behavioural and physical health problems. Complications sometimes linked to mental illness include:

- Unhappiness and decreased enjoyment of life.
- Family conflicts
- Relationship difficulties.
- Social isolation
- Problems with tobacco, alcohol and other drugs.
- Missed to work or school, or other problems related to work or school.
- Legal and financial problems.

- Poverty and homelessness.
- Self-harm and harm to others, including suicide or homicide.
- Weakened immune system, so the body has too hard resisting infections.
- Heart disease and other medical conditions

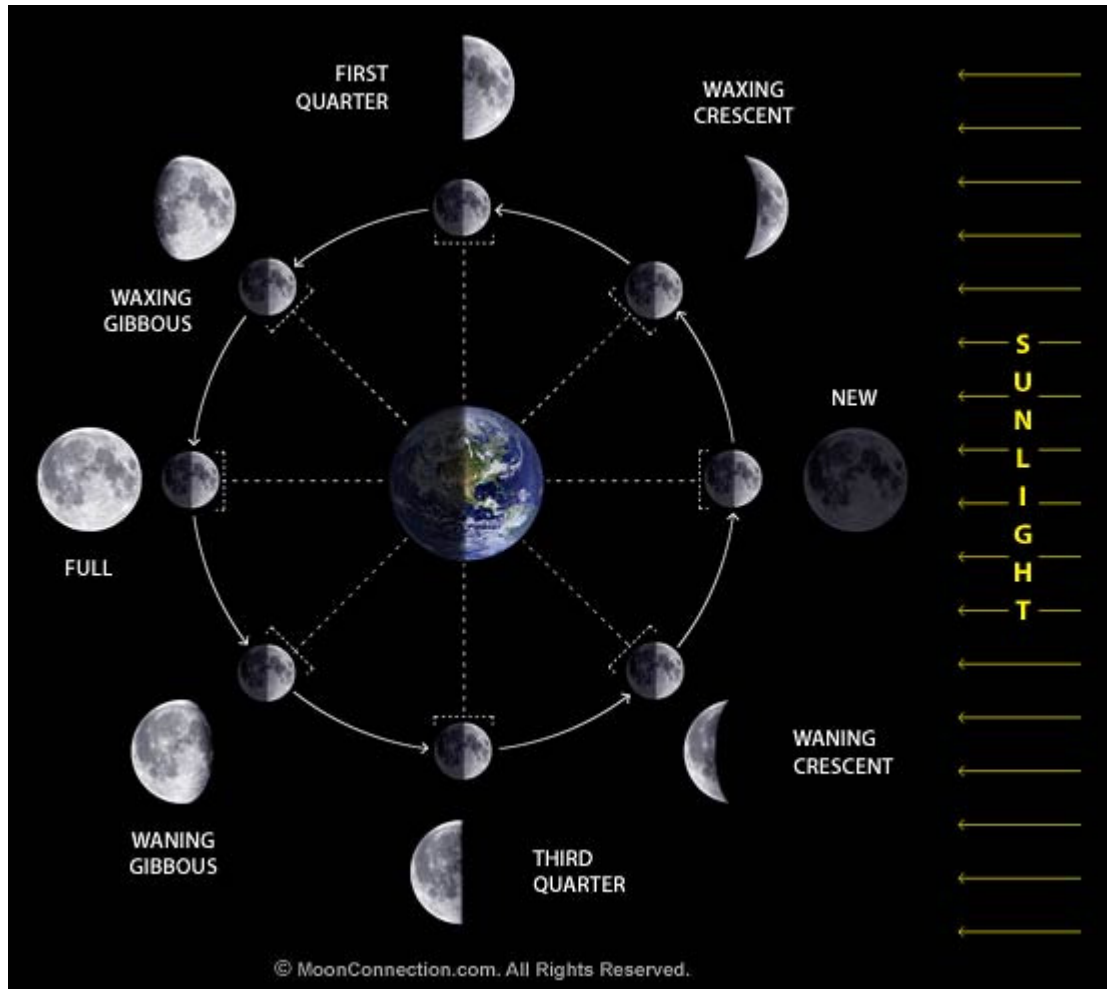
## **MANAGEMENT**

Management of a psychiatric disorder is a long drawn enduring process requiring much of skill and patience on the part of the treating physician. management can be discussed under the following procedures:

- Psychotherapy
- Drug therapy
- Physical therapy
- Surgical therapy
- Relaxation therapy

## DETAILED VIEW OF DISSERTATION

### MOON PHASES WORLDWIDE



### LUNATION

A lunation is a cycle of the Moon. It starts at new moon and lasts until the next new moon.

On average, it takes the Moon 29 days 12 hours 44 minutes to go from one new Moon to the next. This time frame is called a synodic month. The duration of a synodic month varies from one lunation to another, most importantly because the orbit of the Earth and Moon are ellipses rather than circles, where the orbit speed depends on how close the orbiting object is to the mass center.



## **NEW MOON**

A new moon is the moment when the Sun and Moon are in conjunction, meaning that the Sun and Earth are on the opposite sides of the Moon.

A New Moon cannot normally be seen from the Earth since only the dark side of the Moon faces the Earth at New Moon. Sometimes, if the New Moon is close to the Lunar nodes of its path, it causes a Solar Eclipse.

## **WAXING CRESCENT MOON**

A few days after the new moon phase, the Moon will be visible again in a phase that lasts until the first quarter, called waxing crescent moon. The initial period, just after the Moon becomes visible, is sometimes called new moon, although it has another definition. Although only a small part of the Moon may be illuminated by the Sun, the rest of the Moon may also be faintly visible, due to a reflection from the Earth to the Moon, called earthshine. The waxing crescent moon is most visible after sunset. This phase comes about 3.75 days after the conjunction.

## **FIRST QUARTER MOON**

### **FIRST QUARTER MOON IS THE SECOND PHASE**

After about 7.5 days of the conjunction the phase is called the first quarter. During the first quarter, half of the Moon is illuminated, as seen from the Earth. The Moon rises near the middle of the day and sets near the middle of the night. In northern regions of the world, the right part will be visible, while the left part will be visible in the southern regions. Near the equator, the upper part is bright after moonrise, and the lower part is bright before moonset (the bright part appears and disappears first).

## **WAXING GIBBOUS MOON**

After about 11.25 days three quarters of the moon appears illuminated and this phase is called the gibbous moon. The waxing gibbous moon occurs between the first quarter and the full moon. The sun illuminates more than half of the Moon's surface during this period.

## **FULL MOON**

### **FULL MOON IS THE BRIGHTEST PHASE.**

Full moon appears when the Sun and the Moon are on opposite sides of the Earth. As seen from Earth, all of the Moon's surface will be visible.

The full moon is visible approximately from sunset to sunrise. When observed from Earth, the Moon can appear to be full for a couple of days, since more than 98 percent of the Moon's disc is illuminated a day before or after the full moon. During full moon, the Moon may pass through Earth's shadow causing a lunar eclipse. If the whole moon is in the Earth's shadow, or umbra, a total lunar eclipse occurs. If only a part of the Moon enters the umbra, we see a partial lunar eclipse.

## **WANING GIBBOUS MOON**

The period between full moon and third quarter is called waning gibbous moon. The portion of the visible half of the Moon illuminated goes down from 100 percent to 50 percent during this period.

## **THIRD QUARTER MOON**

### **THIRD QUARTER MOON IS THE LAST PHASE.**

The third quarter moon occurs when the other half of the Moon is illuminated compared to the first quarter. On the day of third quarter, the Moon rises approximately in the middle of the night and sets in the middle of the day.

## **WANING CRESCENT MOON**

The waning crescent moon is the period between the third quarter moon and the next new moon. It is most visible before sunrise. The Sun illuminates less than half the Moon during this period. When only a small part of the Moon is visible, it may be possible to see earthshine on the dark side of the Moon.

## **Moon and Tides**

Tides refer to the phenomenon of regular rise and fall of the level of water in the seas and oceans. Water in the oceans and seas rises and falls twice a day, the successive high tides being about 12VS hours apart. In between the two high tides occur two low tides when the level of the water in these water bodies becomes lower. Tides are primarily a result of the attraction of the moon. This force is more potent

upon water since the mass involved is liquid and can easily rise under the pull exerted by the moon.

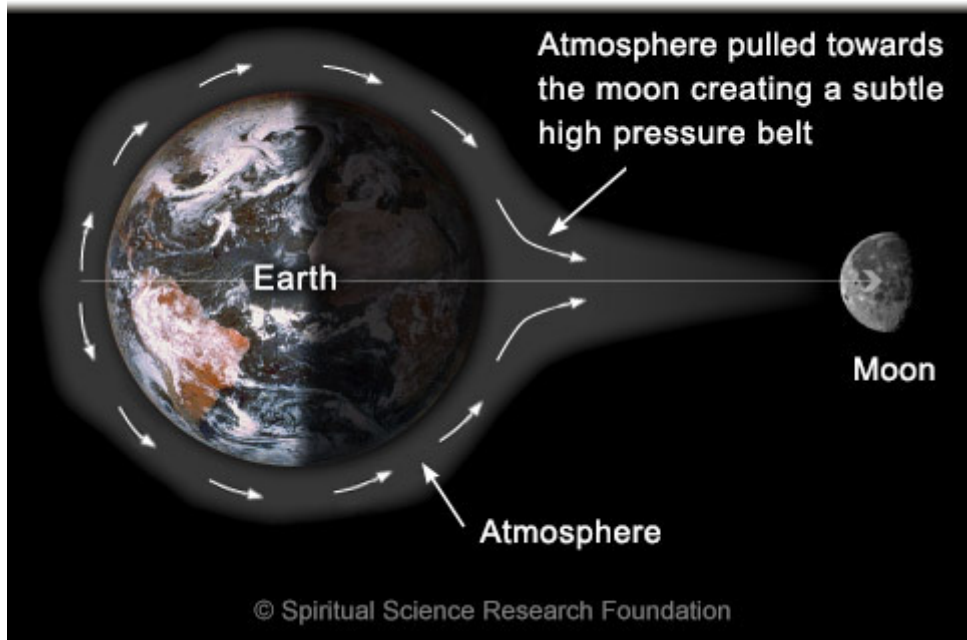
The tide-producing force and the tides themselves vary a great deal in magnitude. In fact it is not only the moon, but the sun also which exerts a pull force upon the earth and is thus responsible for the occurrence of the tides. However, the tide producing force exerted by moon is far greater owing to its nearness to the earth. High tides are of a greater magnitude than normal when the tide-producing forces of the moon and the sun are acting in such a way that they complement each other. Such tides of higher magnitude are called spring tides. Spring tides occur on the days of the full moon and new moon when the sun, moon and the earth are in a straight line. Conversely when the tide producing forces of the sun and the moon act in such a manner that they neutralize each other, the tidal range is much lower than normal. Such tides of lower magnitude are called neap tides. Neap tides are observed at the time of the first and the last quarters of the moon (half moon) when the sun and the moon form three corners of a triangle and the tide producing forces of the sun and the moon act at right angles to each other. Also, the tides can be between 15 and 20 percent greater or lesser than the average depending upon whether the moon is in perigee or apogee. These are known as perigean and apogean tides. Due to the shorter moon at the time of perigee, the perigean tides are stronger than the apogean tides.

Tides also affect the water level of rivers, estuaries, etc. Sometimes the rising water of the seas and oceans may advance upstream in rivers as a nearly vertical wall several feet high. This is known as a tidal bore. The mouth of the river Hooghly in West Bengal is well known for this phenomenon.

## CHANGES IN HUMAN BEHAVIOUR ON FULL AND NEW MOON DAYS

### GRAVITATIONAL THEORY

#### Effect of moon's gravitational pull on full moon night



When the moon is full or new, the gravitational pull of the moon and sun are combined. The moon exerts a pull on the Earth on other days too, but it is not as powerful as on the days of full moon and new moon.

Suppose we were to take in a deep breath, the air sucked into our mouth is three times as much as a normal breath. Now let's translate this analogy to the Moon and its pull on the Earth. During full moon and new moon days the whole Moon is pulling Earth and the effect is as if in the earlier analogy the Moon is taking a deep breath. We find that the circular atmosphere of three times the size of the moon is attracted from the Earth.

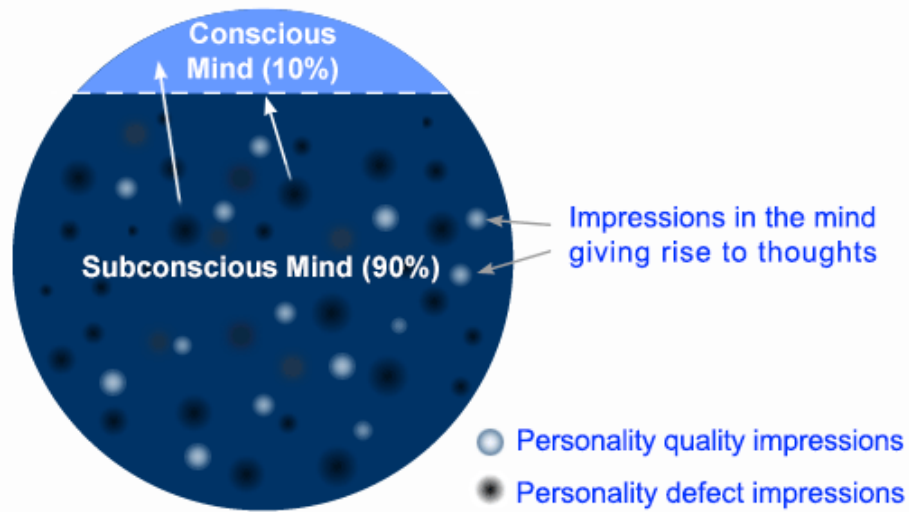
At the time of full Moon and new Moon days the Absolute Cosmic Principles (*Panchatattva*) on Earth such as the Absolute Earth, Absolute Water and Absolute Air are pulled towards the Moon. This creates a type of subtle very high-pressure belt. . the human body occurs 80% of water. Water is what covers roughly 75% of the earth's surface. The ocean tides are caused by the gravitational pull of the moon. So based on this logic, it would seem plausible that the increased gravitational pull of both the moon and sun on the earth could some how influence what occurs within our bodies. We don't feel or notice the moon's gravitational pull because the earth's gravity is 83.3% stronger.

In this process at a physical level when water is attracted towards moon, rather than the water, the gaseous elements in water (water vapour) come above water and enter the subtle high-pressure belt.

## **ELECTROMAGNETIC THEORY**

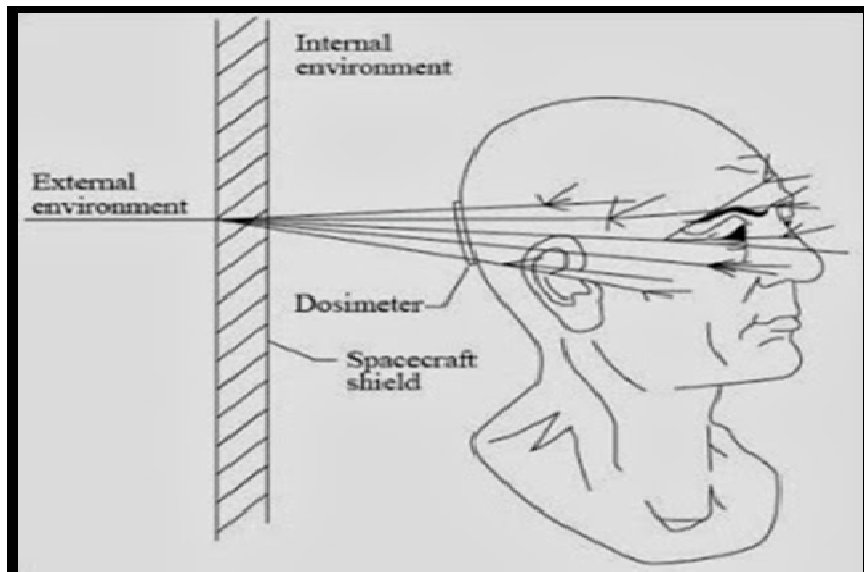
Electromagnetic energy is fundamentally the energy created from a magnetic field; more specifically, the earth's magnetic field. This invisible shield protects the earth from cosmic radiation that would otherwise destroy the life on its surface. This magnetic field gives off electromagnetic radiation which affects the cells of our body in subtle but appropriate amounts. The central nervous system (CNS) may lead to changes in motor function and behavior, or neurological disorders by gravitational and electromagnetic effects. However, many ions present in atmosphere. The Ions have an effect on body's hormones and chemical messengers which affect the brain. All the air we breathe has some quantity of Aero-Ions. Ions are charged particles in the air (100-1000/cmm). Some ions are negatively charged (Negative Ions) and some positively charged (Positive Ions). In the full moon and new moon day an imbalance in the ratio between Positive and Negative Ions due to enter subtle high pressure belt. It has a profound effect on both mental and physical well being. The imbalance of the ions in the air (Full and new Moon Effect) affect the hormonal functions and create the symptoms such as hyperactivity, depression, violent behavior, road rage, higher occurrences of migraines and skin diseases.

## A working model of the mind of an average person



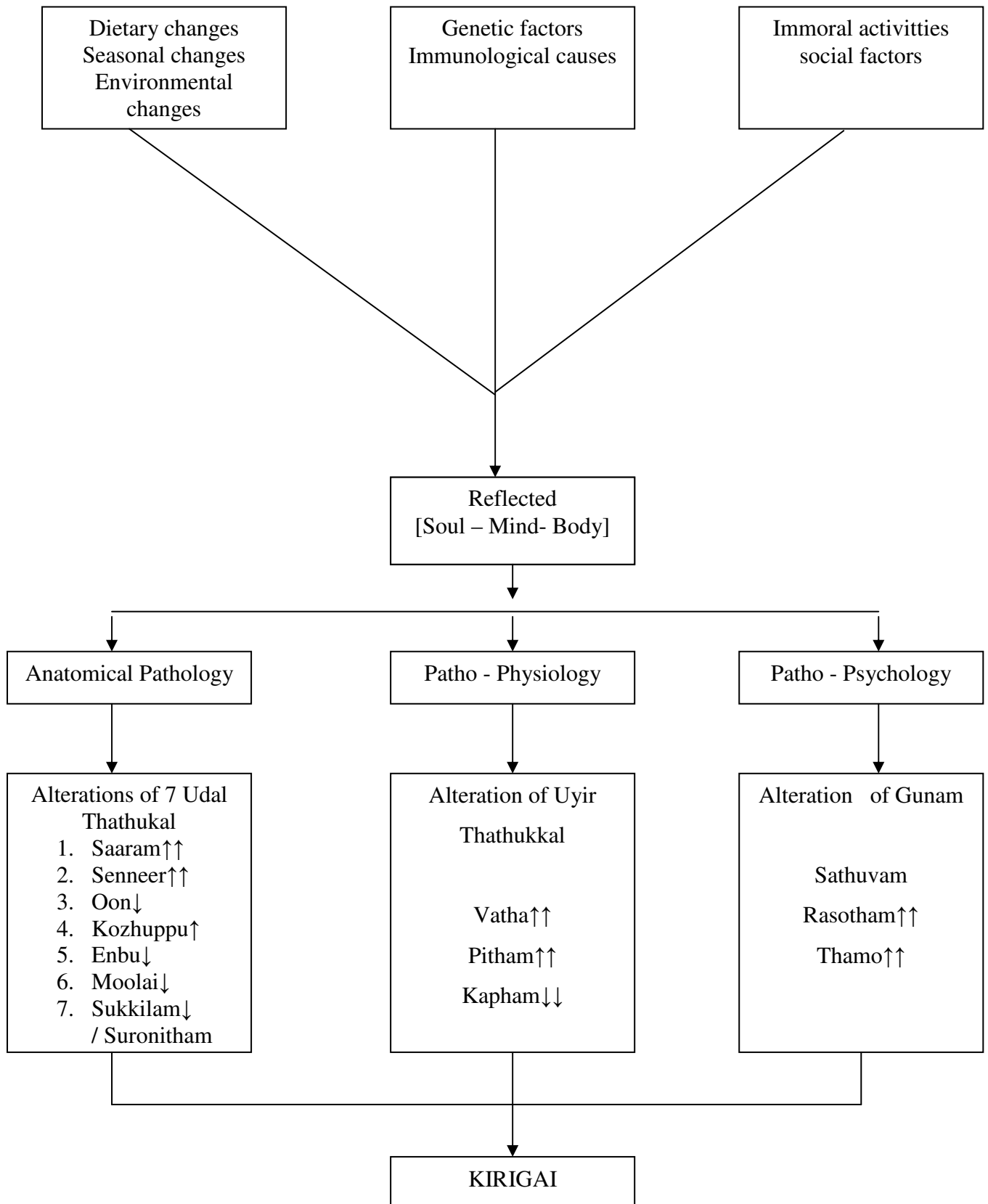
Impressions in the mind ← More Subtle Moon frequencies ← More Subtle Frequencies of thoughts

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## EVALUATION OF DISSERTATION TOPIC

### Etiopathology of Kirigai



## **MATERIALS AND METHODS**

### **MATERIALS**

The clinical study on KIRIGAI was carried out at the Post Graduate Noi Naadal Department of Government Siddha Medical College, & Hospital Palayamkottai and OPD & IPD Department of Psychiatry , Govt Thoothukudi medical college, Thoothukudi.

### **CASE SELECTION AND SUPERVISION :**

Author has selected 50 cases of Similar Symptoms of KIRIGAI from the post Graduate outpatient department of OPD & IPD ,Department of Psychiatry , Govt Thoothukudi medical college, Thoothukudi, Government Siddha Medical college and studied and were under the close supervision of the faculties of the Post Graduate Noi Naadal Department, Palayamkottai and OPD & IPD ,Department of Psychiatry , Govt Thoothukudi medical college, Thoothukudi

### **EVALUATION OF CLINICAL PARAMETRES :**

#### **Criteria for Inclusion:**

- Age above 16
- Both male & female
- Sleeplessness
- Hypersalivation
- .Poor appetite
- Vomiting
- Lacrimation
- No desire to speak
- Redness of the eyes
- Running to outdoor
- Non obey for commends
- Panic
- Angry
- Hyper activity
- Deranged Sexual thoughts



Patients who are willing to undergo radiological investigation and give blood for laboratory investigation

### **Criteria for Exclusion**

Patient having symptoms associated with

- BIRAMAI
- UNMADHAM
- MADHA AZHIVU NOI
- MADHA NOI
- MOOLAI VALARCHI KURAIPADU

### **The Clinical Parameters :**

For further detailed study, modern investigation parameters were used. The following laboratory investigations were done in these cases.

### **Hematology :**

1. Total count of W.B.C
2. Differential Count of W.B.C
3. Haemoglobin
4. Erythrocyte Sedimentation Rate.

### **Bio Chemistry :**

1. Blood Sugar
2. Blood Urea
3. Serum Creatinine
4. Cholesterol

### **Urine Analysis**

1. Albumin
2. Sugar
3. Deposits

### **Special investigation**

- EEG
- CT Brain

## **METHODOLOGY**

### **STUDY DESIGN**

Observational Type of Study.

### **STUDY ENROLLMENT :**

- In the study patients reporting at the OPD & IPD of Govt Siddha Medical College Hospital and OPD & IPD ,Department of Psychiatry, Govt Thoothukudi medical college, Thoothukudi with the clinical symptoms of Psychiatric disorders will be referred to the Research group.
- Those patients will be screened using the screening proforma (Form –I) and examined clinically KIRIGAI for enrolling in the study based on the inclusion and exclusion criteria.
- Based on the inclusion criteria the patients will be included first and excluded from the study on the same day if they hit the exclusion criteria.
- The patients who are to be enrolled would be informed (Form IV-A) about the study, and the objectives of the study in the language and terms understandable for them.
- After ascertaining the patients willingness, a written informed consent would be obtained from them in the consent form (Form – IV)
- All these patients will be given unique registration card in which patients’
- Registration number of the study, Address, Phone Number and Doctors phone number etc. will be given, so as to research group easily, if any complication arises.
- Complete clinical history, complaints and duration, examination findings all would be recorded in the prescribed proforma in the history and clinical assessment forms separately. Screening Form –I will be filled up; Form I-A,
- Form II and Form –III will be used for recording the patient’s history, clinical examinations of symptoms and signs and lab investigations respectively.

## **INVESTIGATIONS DURING THE STUDY**

The patients was subjected to basic laboratory parameters during the study.

## **TREATMENT DURING THE STUDY:**

Normal treatment procedure followed in GSMCH & TKMCH will be prescribed to the study patients and the treatment will be provided at free of cost.

## **STUDY PERIOD :**

- Total period 24 months
- Recruitment for the study - Upto 22 months
- Data entry analysis - 1 Month
- Report preparation and submission – 1Months.

## **DATA MANAGEMENT :**

- After Entrolling the patient in the study. A separate File for each patients will be opened and all forms was filed. In the file, Study No and Patient No. will be entered, on the top of the file for easy identifications and arranged in a separate rack at the concerned OPD unit.
- Whenever study patient visits OPD during the study period, the respective patient file will be taken and necessary recordings will be made at the assessment form or other suitable form.
- The screening forms was filed separately
- The Data recordings was monitored for completion and adverse event by HOD and Faculty of the department. Any missed data found in during the study, it will be collected from the patient, but the time related data will not be recorded retrospectively.
- All collected data was entered using MS Access / Excel software onto computer.
- Investigations was trained to enter the patient data and cross checked by department staffs.

**STATISTICAL ANALYSIS :**

All collected data will be entered into computer using MS Access/ Ms Excel software by the investigators. The level of significance will be 0.05 Descriptive analysis will be made and necessary tables/ graphs generated to understand the profile of patients included in the study. Then statistical analysis for significance of different diagnostic characteristics was done. Student 't' test and chi-square test are proposed to be performed for quantitative and qualitative data.

**OUTCOME OF STUDY :**

1. Cost effective diagnosis.
2. Evaluating the significance of siddha parameters.
3. To establish the line of treatment and Dietary Regimen.
4. To frame the nature therapy like Yoga, Basic Breathing (Pranayama), Meditation for Insomnia.

## **DIAGNOSIS OF KIRIGAI BASED ON SIDDHA SYSTEM**

According to Siddha System the diagnosis of a disease is reached by the method **PINIARIMURAIMAI**.

The disease Kirigai Rogam was diagnosed by the following methods:

- Porial arithal
- Pulanaal arithal
- Vinaathal
- Uyir thathukal
- Udal thathukal
- Envagai thervu.

### **PORIAL ARITHAL**

- Sensory Organs
- Nose
- Tongue
- Eye
- Skin
- Ear

### **PULANAAL ARITHAL 5 senses**

- Odour (smell)
- Taste
- Vision
- Touch (tactile)
- Sound (hearing)

### **VINAATHAL**

Patient name, age, occupation, nativeplace, socio-economic status, family history, diet habits prone for any allergens, period of suffering, history of previous episode, history of treatment, habits etc are noted through interrogation.

**-Noi Naadal Noi Mudal Nadal Part-1**

## UYIRTHATHUKAL

Panchaboothams are manifested in the body as three vital forces.

- Vaatham
- Pittham
- Kabham

### **Vaatham :**

#### **The sites of vaatham:**

Umblicus, rectum, faecal matters, abdomen, anus, bones, hip joint, naval, plexus, joints, hair follicles and muscles.

### **Vaatham has ten types :**

#### **1. Praanan (uyirkaal) :**

This controls knowledge, mind and five sense organs, which are useful for breathing and digestion.

#### **2. Abaanan (Keezh nokku kaal) :**

This is responsible for all downward movements such as passing urine, stools, semen, menstrual flow etc.

#### **3. Samaanan (Nadukkaal) :**

This aids in proper digestion.

#### **4. Viyaanan (paravukaal).**

This is responsible for all movements of all parts of the body.

#### **5. Uthaanan (Mel Nokkukaal)**

Responsible of all upward visceral movements, such as vomiting, eructation and nausea.

#### **6. Naagan :**

Responsible for opening and closing the eyes.

#### **7. Koorman :**

Responsible for vision and yawning.

#### **8. Kirukaran :**

Responsible for salivation, nasal secretion and appetite.

### 9. Devathatthan :

Responsible for Laziness, sleeping and anger.

### 10. Thananjeyan :

Produces bloating of the body after death. It escapes on the third day after death bursting out of the cranium.

#### In KIRIGAI Rogam

- |                |  |
|----------------|--|
| ➤ Praanan      | - Affected (affect of the mind)                  |
| ➤ Abaanan      | - Affected (uncontrol urination)                 |
| ➤ Samaanan     | - Affected (Loss of appetite)                    |
| ➤ Viyaanan     | - Affected (Pain present in chest)               |
| ➤ Uthaanan     | - Affected (Vomitting)                           |
| ➤ Naagan       | - Affected (Defect opening and closing the eyes) |
| ➤ Koorman      | - Affected (Yawning)                             |
| ➤ Kirukaran    | - Affected (Excessive salivation)                |
| ➤ Devathatthan | - Affected (Loss of sleep).                      |

### Pittham :

It is the life manifestations of 'THEE' bootham in the body. It is the metabolic thermal life force of the body. It carries out digestion, absorption, metabolism, colouring of blood etc.

#### The sites of Pittham:

Praana vaayu, urinary bladder, moolaakkini, heart, umbilical region, abdomen, stomach, sweat, saliva, blood, eyes and skin.

#### Pittham has 5 types

1. **Analagam** : It promotes appetite and helps in digestion.
2. **Ranjagam** : It gives colour to the blood.
3. **Praasagam** : It gives complexion to the skin.
4. **Aalosagam** : It brightens the eyes.
5. **Saathagam** : It controls the whole body. It has the property to fulfil all the activities which the mind desires.

### **In kirigai Rogam**

- Anal pittham - Affected (Loss of appetite)
- Ranjaga Pittham - Affected ( Pale colour)
- Saathaga Pittham - Affected (Less movement)
- Aalosaga Pittham - Affected (sucken eyes)
- Praasaga Pittham - Affected(Paleness of skin)

### **Kabham**

It has Neer and Mann boothams. It is responsible for co-ordination and defence mechanisms of the body.

### **The sites of Kabham :**

Samaana vaayu, semen, suzhumunai, blood, phlegm, bone marrow, nose, chest, nerve, bone, brain, eyes and joints.

### **Kabham has 5 types**

- 1. Avalambagam :** Lies in the lungs, controls the heart and other kabhams.
- 2. Kilethagam :** Lies in the stomach, makes the food moist, soft and helps in digestion.
- 3.Pothagam :** Responsible for identifying taste.
- 4.Tharpagam :** Present in the head and responsible for the coolness of both eyes.
- 5. Santhigam :** Responsible for lubrication and free movements of joints. It is situated in the joints.

### **In kirigai Rogam**

- Avalambagam - Normal
- Kilethagam - Affected (Loss of appetite)
- Pothagam - Affected (taste defect)
- Tharpagam - Affected (Anger eyes)
- Santhigam - Affected(Low movement)



## **EZHU UDAL THATHUKKAL**

### **In Kirigai Rogam**

➤ Saaram	-	Affected (Mind & body tiredness)
➤ Senneer	-	Affected (pallor)
➤ Oon	-	Affected (Loss of weight)
➤ Kozhuppu	-	Affected (Loss of weight)
➤ Enbu	-	Normal
➤ Moolai	-	Normal
➤ Sukilam or Suronitham	-	Affected (Excessive or prolonged sexual thoughts)

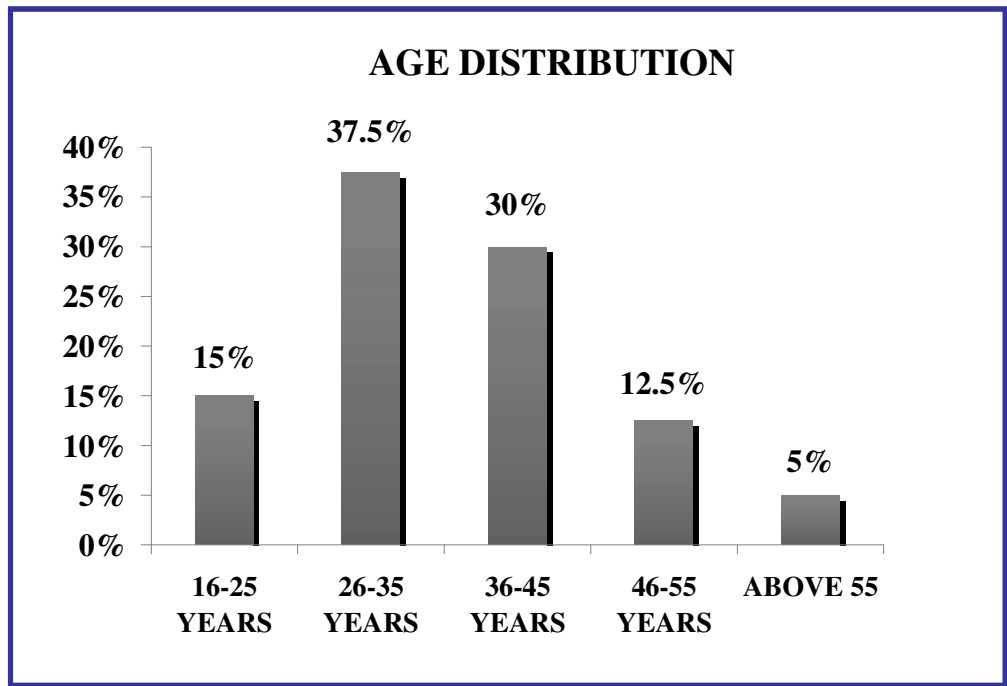
## RESULTS AND OBSERVATION

The observations were made and tabulated with following criteria:

- Age distribution
- Gender
- Educational status
- Occupation
- Marital status
- Socio-economic status
- Family structure
- Religion
- Locality
- Food habits
- Thinai
- Mukkutram
  - Vathakutram
  - Pittha kutram
  - Kabha kutram
- Defects in kosham
- Defects in udal thaathukal
- Changes in signs and symptoms on fullmoon and newmoon days
- Gradation of result.

### AGE DISTRIBUTION

S.NO	AGE	NO.OF CASES/40	PERCENTAGE
1.	16-25 YEARS	6	15%
2.	26-35 YEARS	15	37.5%
3.	36-45 YEARS	12	30%
4.	46-55 YEARS	5	12.5%
5.	ABOVE 55	2	5%

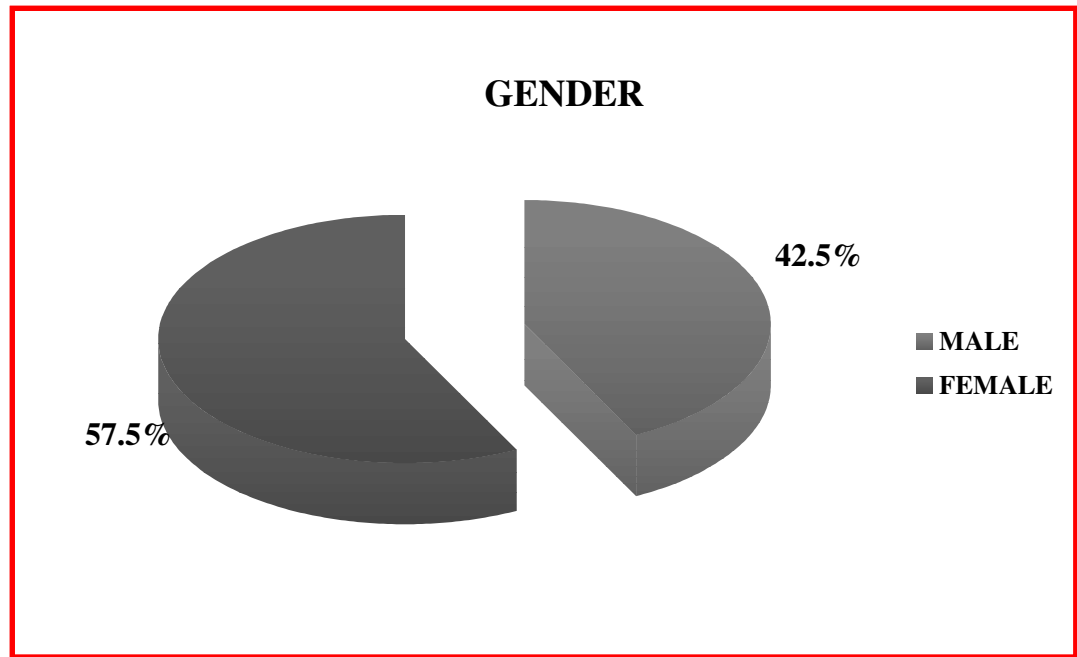


### INFERENCE:

5% of patients were in the age group Above 55, 12.5% of patients were in the age group 46-55, 30% of patients were in the age group 36-45, 37.5% of patients were in the age group 26-35 and 15% of patients were in the group of 16-25.

### GENDER

S.NO	GENDER	NO.OF CASES/40	PERCENTAGE
1.	MALE	17	42.5%
2.	FEMALE	23	57.5%

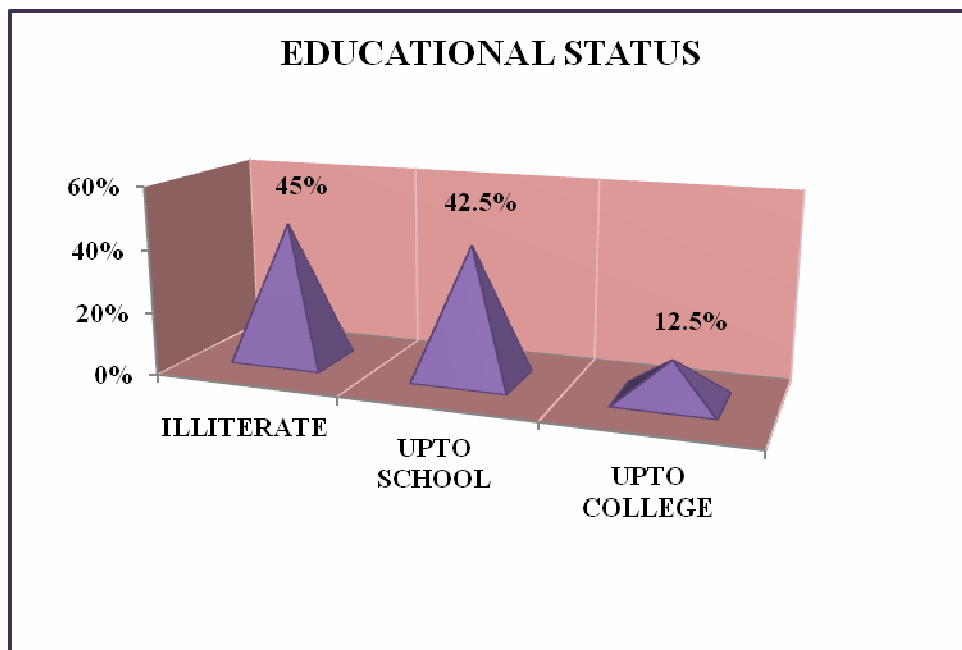


### INFERENCE

The patients about 57.5% were female and 42.5% of the patients were male.

### EDUCATIONAL STATUS

S.NO	EDUCATIONAL STATUS	NO.OF CASES/40	PERCENTAGE
1.	ILLITERATE	18	45%
2.	UPTO SCHOOL	17	42.5%
3.	UPTO COLLEGE	5	12.5%

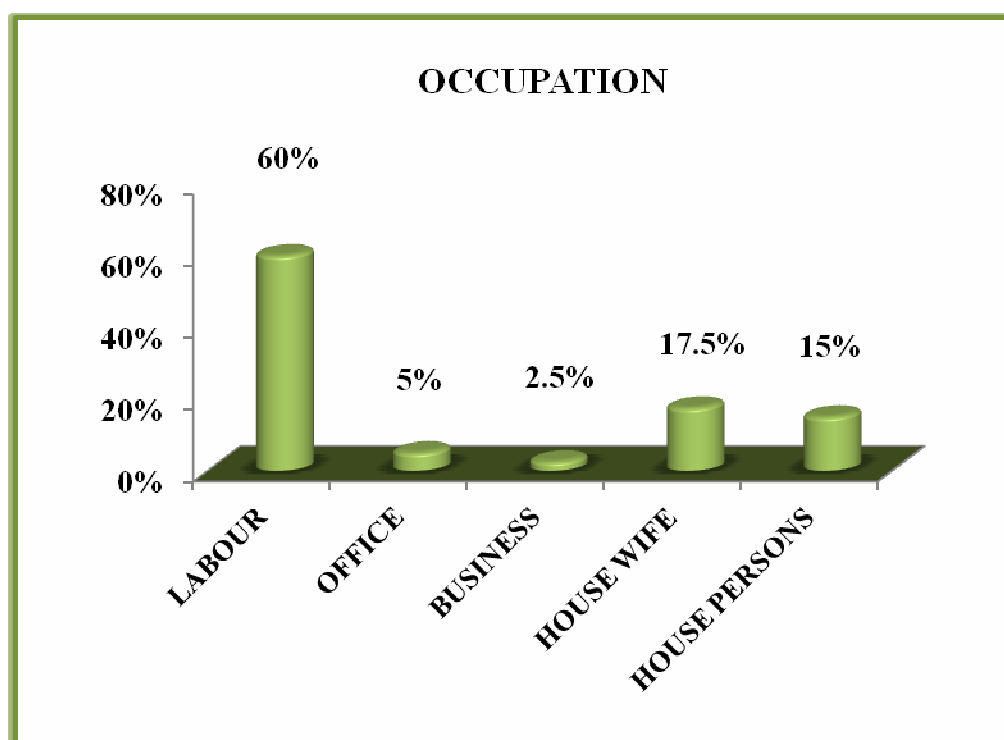


### INFERENCE

45% of patients were illiterate, 42.5% of patients were upto school and 12.5% were upto college.

### OCCUPATION

S.NO	NATURE OF WORK	NO.OF CASES/40	PERCENTAGE
1.	LABOUR	24	60%
2.	OFFICE WORKING	2	5%
3.	BUSINESS	1	2.5%
4.	HOUSE WIFE	7	17.5%
5.	HOUSE PERSONS	6	15%

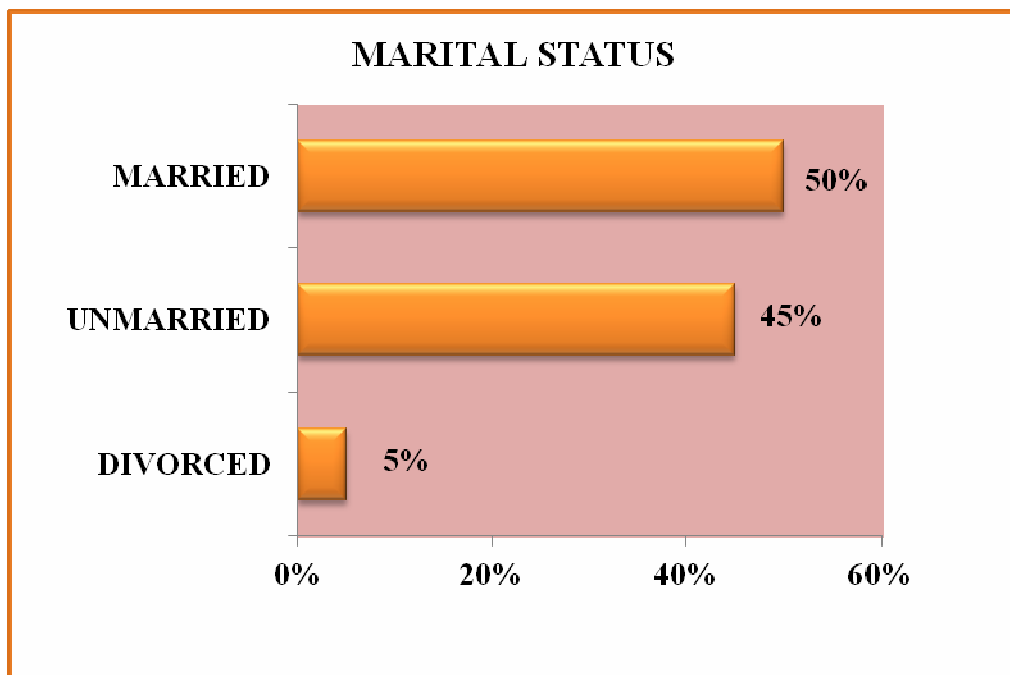


### INFERENCE

60% of patients were labours, 17.5% of patients were house wife, 15% of patients were house persons, 5% of patients were office and 2.5% were business.

### MARITAL STATUS

S.NO	STATUS	NO.OF CASES/40	PERCENTAGE
1.	MARRIED	20	50%
2.	UNMARRIED	18	45%
3.	DIVORCED	2	5%

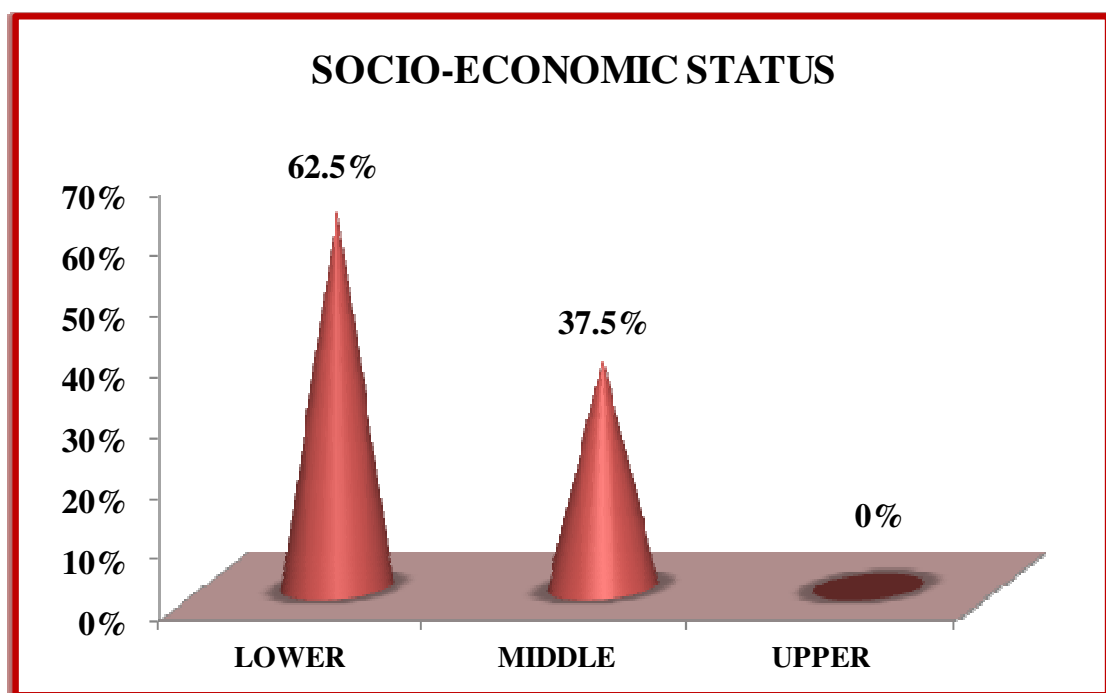


### INFERENCE

50% of patients were married, 45% of patients were unmarried and 5% of patients divorced.

### SOCIO-ECONOMIC STATUS

S.NO	STATUS INCOME PER ANNUM	NO.OF CASES/40	PERCENTAGE
1.	LOWER (BELOW 25000)	25	62.5%
2.	MIDDLE (25000-50000)	15	37.5%
3.	UPPER (ABOVE 50000)	0	0%



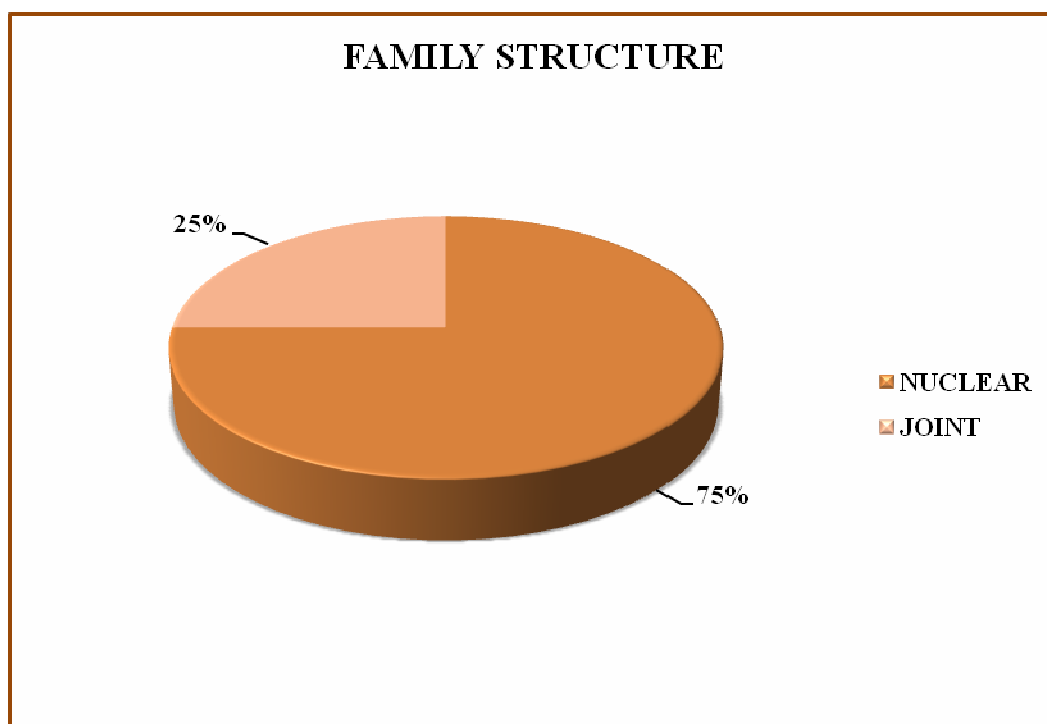
### INFERENCE

37.5% of patients were from middle income group and 62.5% of patients were from lower income group.



### FAMILY STRUCTURE

S.NO	FAMILY STRUCTURE	NO.OF CASES/40	PERCENTAGE
1.	NUCLEAR	30	75%
2.	JOINT	10	25%

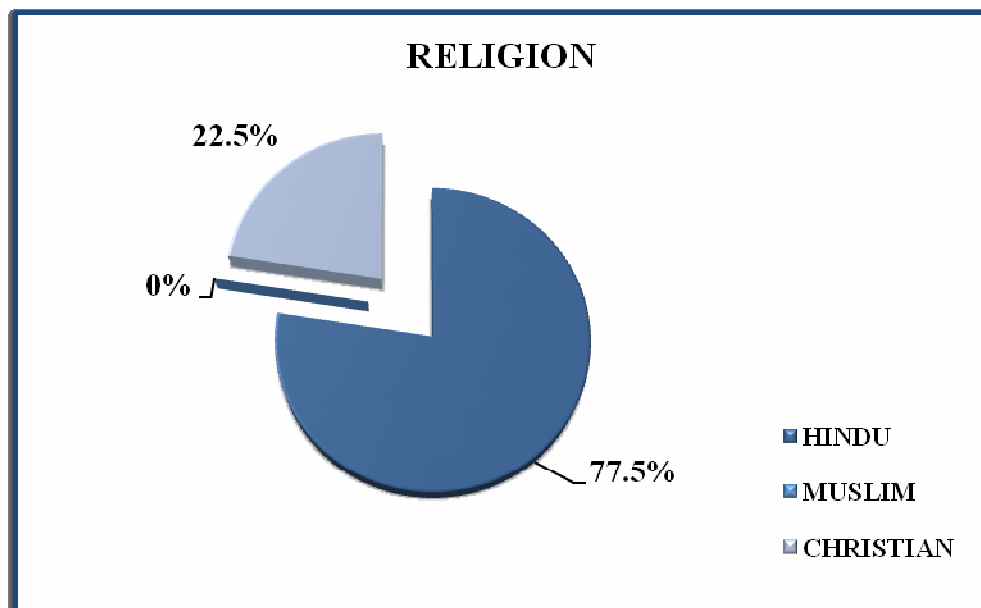


### INFERENCE

75% of patients belongs to nuclear family and 25% of patients belongs to joint family.

### RELIGION

S.NO	RELIGION	NO.OF CASES/40	PERCENTAGE
1.	HINDU	31	77.5%
2.	MUSLIM	0	0%
3.	CHRISTIAN	9	22.5%

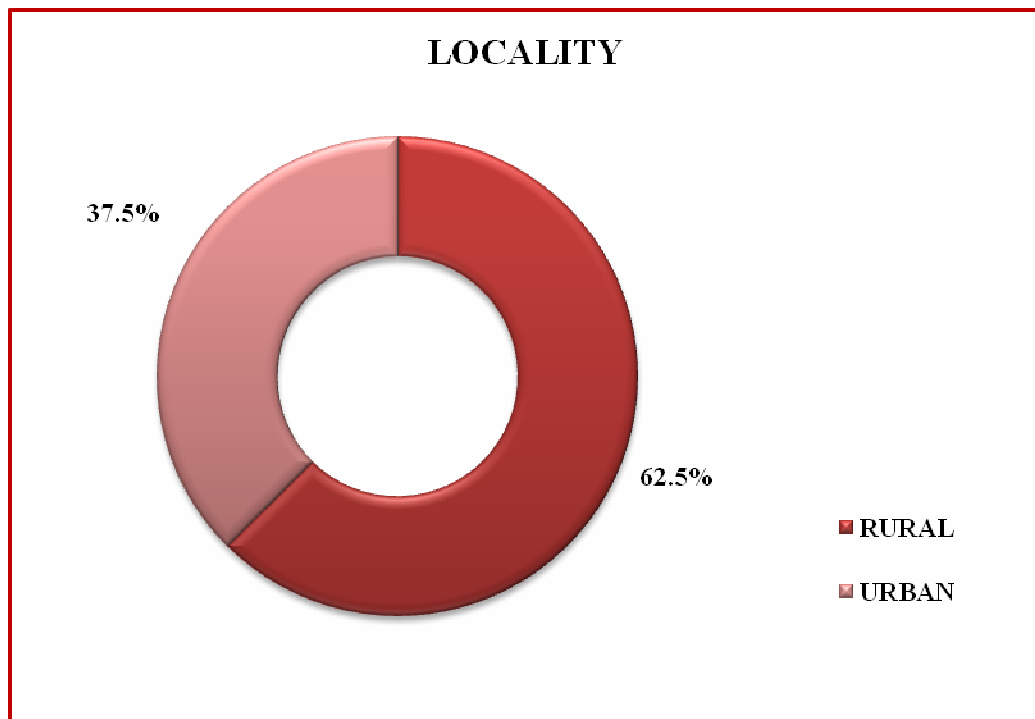


### INFERENCE

77.5% of patients were hindu and 22.5% of patients were christian.

### LOCALITY

S.NO	LOCALITY	NO.OF CASES/40	PERCENTAGE
1.	RURAL	25	62.5%
2.	URBAN	15	37.5%

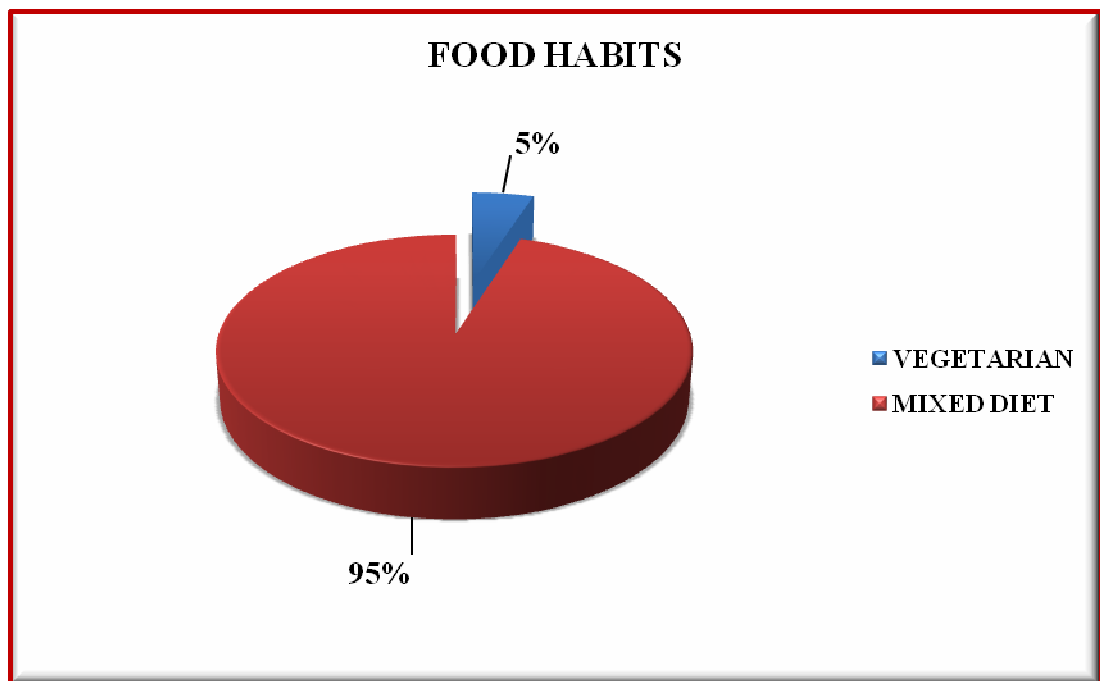


### INFERENCE

62.5% of patients were from rural area and 37.5% of patients were from urban area.

### FOOD HABITS

S.NO	FOOD HABITS	NO.OF CASES/40	PERCENTAGE
1.	VEGETARIAN	2	5%
2.	MIXED DIET	38	95%

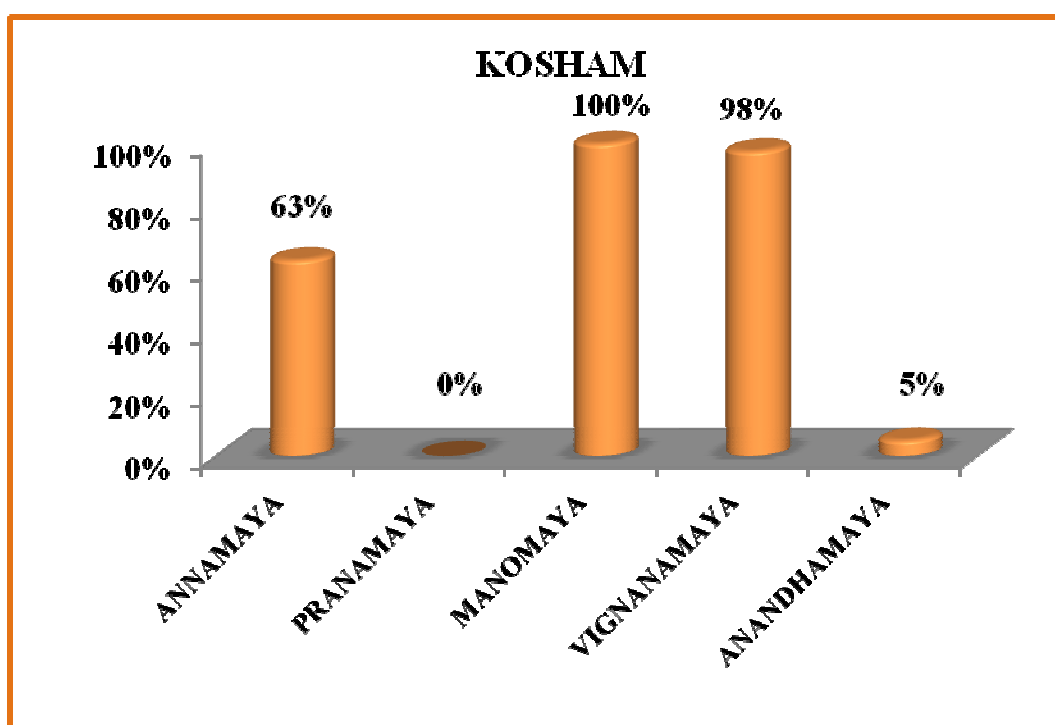


### INFERENCE

95% of patients belongs to mixed diet habit and 5% of patients belongs to vegetarian diet habit.

### KOSHAM

S.NO	KOSHAM	NO. OF CASES/40	PERCENTAGE
1.	ANNAMAYA KOSAM	25	62.5%
2.	PRANAMAYA KOSAM	0	0%
3.	MANOMAYA KOSAM	40	100%
4.	VIGNANAMAYA KOSAM	39	97.5%
5.	ANANDHA KOSAM	2	5%

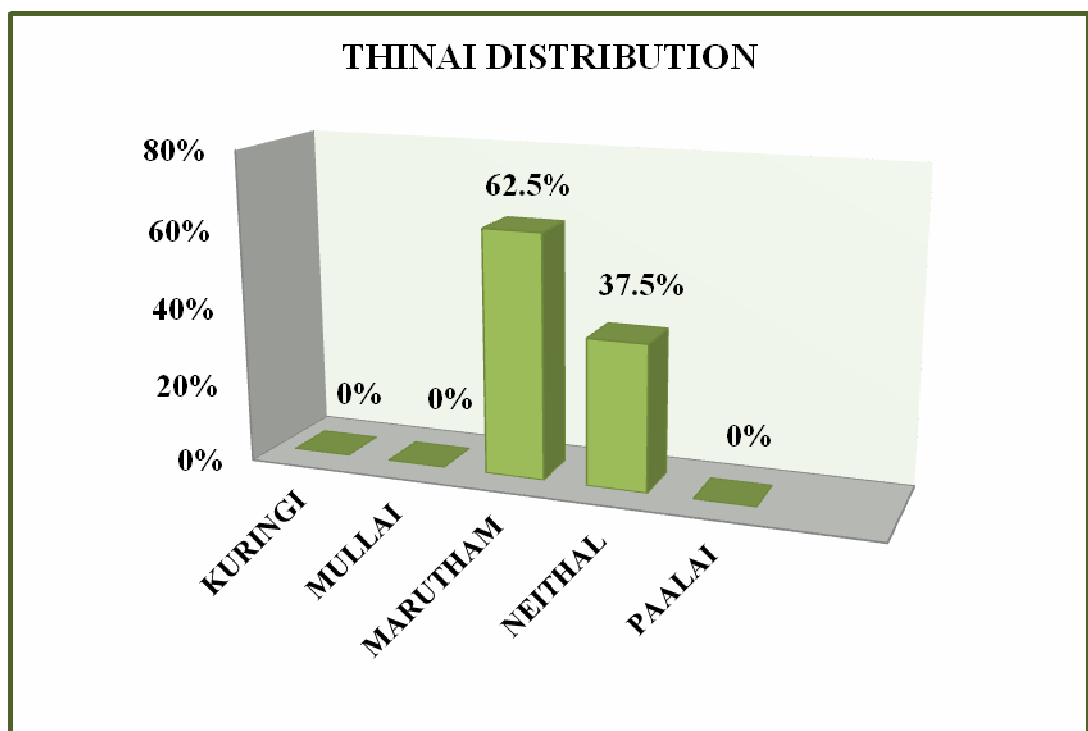


### INFERENCE

Manomaya kosam affected in all the patients 100%, Vignanamaya affected in 98% of patients, Annamaya kosam affected in 63% of patients and Anandhamaya kosam affected in 5% of patients.

### THINAI

S.NO	THINAI	NO.OF CASES/40	PERCENTAGE
1.	KURINJI	0	0%
2.	MULLAI	0	0%
3.	MARUTHAM	25	62.5%
4.	NEITHAL	15	37.5%
5.	PAALAI	0	0%

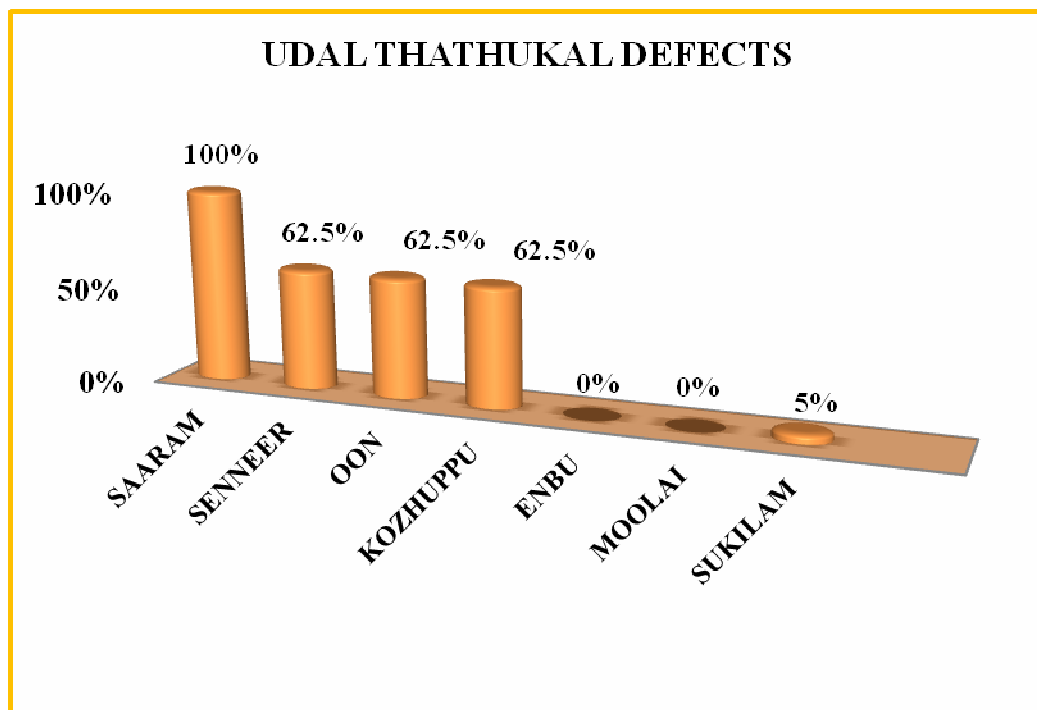


### INFERENCE

The patients about 62.5% were from Marutham thinai and 37.5% of the patients were from Neithal thinai.

### DEFECTS IN UDALTHATHUKKAL

S.NO	UDAL THATHUKKAL	NO.OF CASES/40	PERCENTAGE
1.	SAARAM	40	100%
2.	SENNEER	25	62.5%
3.	OON	25	62.5%
4.	KOZHUPPU	25	62.5%
5.	ENBU	0	0%
6.	MOOLAI	0	0%
7.	SUKILAM	2	5%

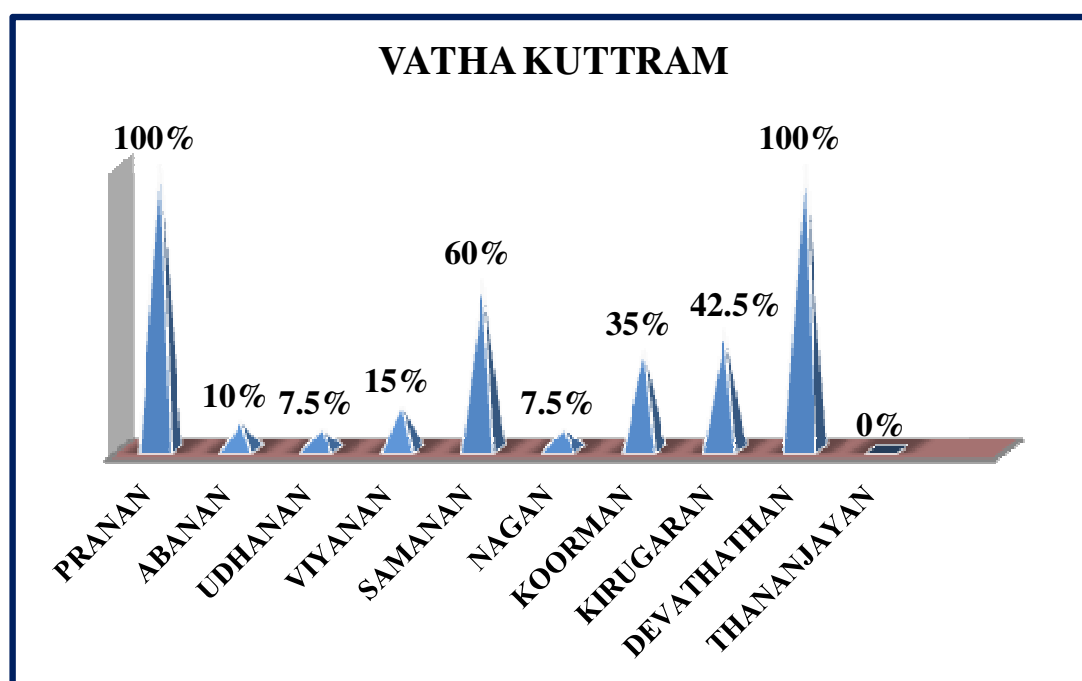


### INFERENCE

Saaram affected in all the patients 100%, Seneer,oon,kozhuppu are affected in 62.5% of patients and sukilam affected in 5% of patients.

**MUKKUTRAM**  
**VATHA KUTTRAM**

S.NO	TYPES OF VATHAM	NO.OF CASES/40	PERCENTAGE
1.	PRANAN	40	100%
2.	ABANAN	4	10%
3.	UDHANAN	3	7.5%
4.	VIYANAN	6	15%
5.	SAMAANAN	24	60%
6.	NAAGAN	3	7.5%
7.	KOORMAN	14	35%
8.	KIRUGARAN	17	42.5%
9.	DEVATHATHAN	40	100%
10.	THANANJAYAN	0	0%



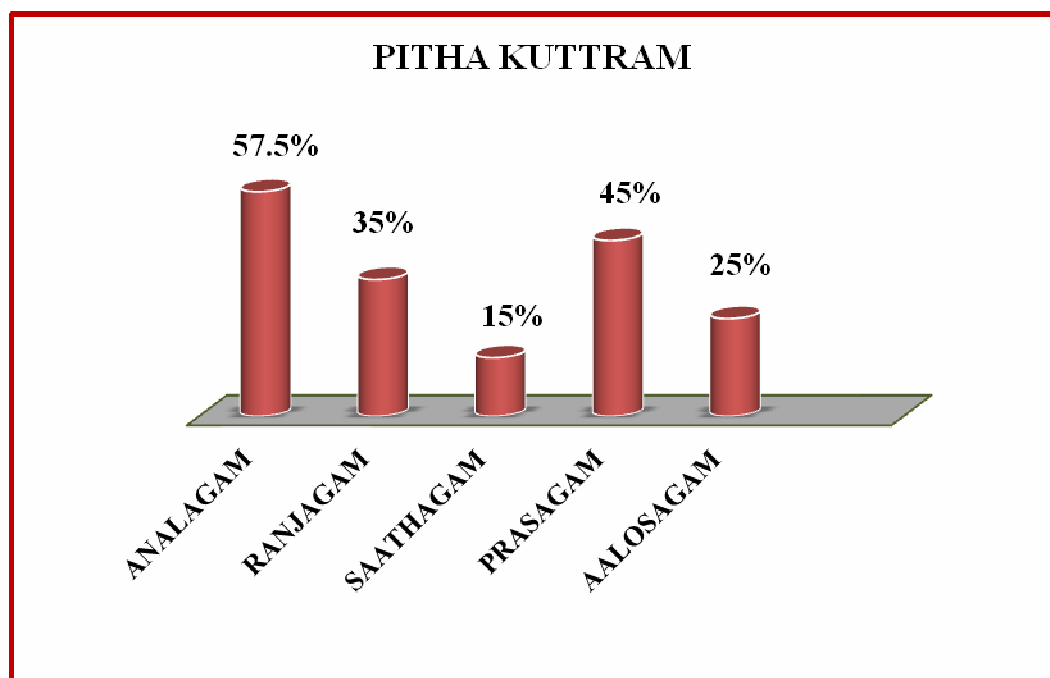
**INFERENCE**

Pranan and Devathathan affected in all the patients 100%, Samanan affected in 60% of patients, Kirugaran affected in 42.5% of patients, Koorman affected in 35% of patients, Viyanan affected in 15% patients, Abanan affected in 10% of patients, Udhanan and Nagan affected in 7.5% of patients.



### PITHAKKUTRAM

S.NO	TYPES OF PITHAM	NO.OF CASES/40	PERCENTAGE
1.	ANALAGAM	23	57.5%
2.	RANJAGAM	14	35%
3.	SAATHAGAM	6	15%
4.	PRASAGAM	18	45%
5.	ALOSAGAM	10	25%

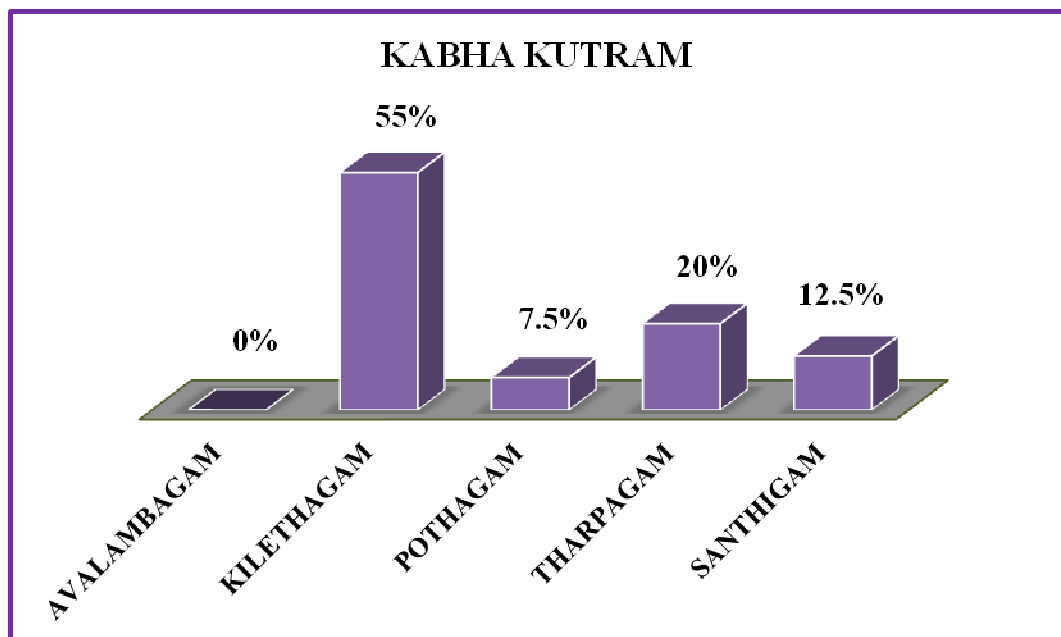


### INFERENCE

Analagam affected in 57.5% of patients, Prasagam affected in 45% of patients, Ranjagam affected in 35% of patients, Aalosagam affected in 25% of patients and saathagam affected in 15% of patients.

### KABHAKUTTRAM

S.NO	TYPES OF KABHAM	NO.OF CASES/40	PERCENTAGE
1.	AVALAMBAGAM	0	0%
2.	KILETHAGAM	22	55%
3.	POTHAGAM	3	7.5%
4.	THARPAGAM	8	20%
5.	SANTHIGAM	5	12.5%



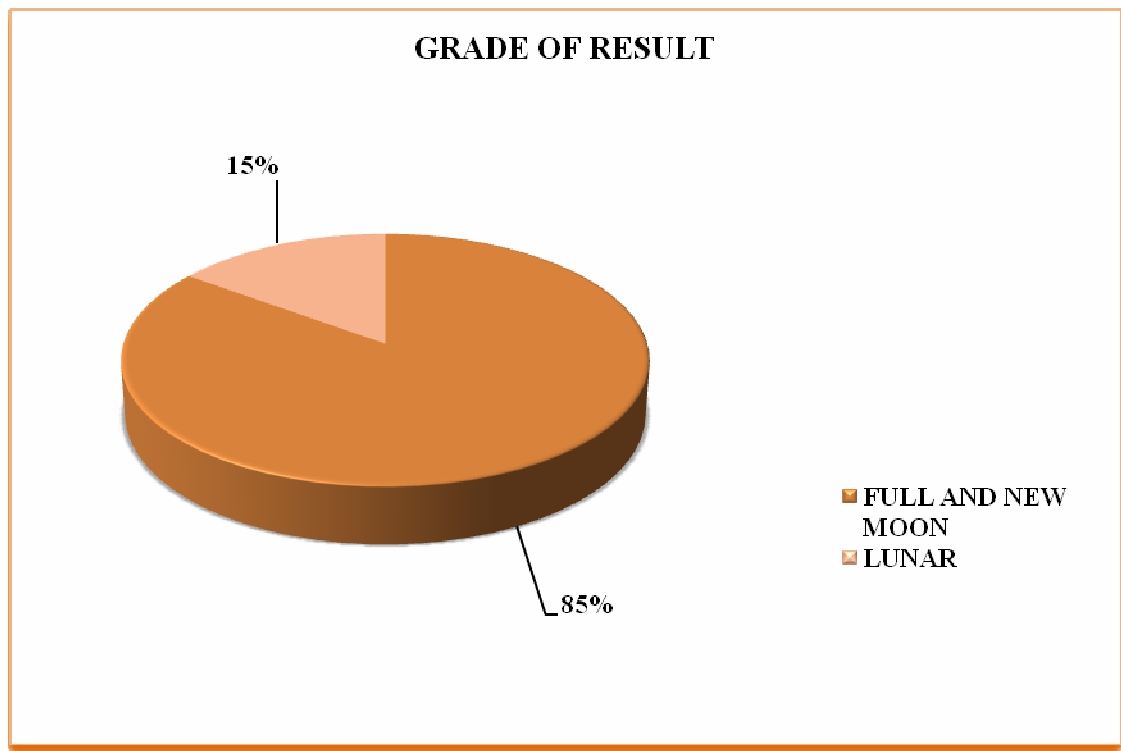
### INFERENCE

Kilethagam affected in 55% of patients, Tharpagam affected in 20% of patients, Sathigam affected in 12.5% of patients and Pothagam affected in 7.5% of patients.

## GRADATION OF RESULTS

### CHANGES IN SIGNS AND SYMTOMS ON FULL MOON, NEW MOON AND LUNAR DAYS

S.NO	GRADE OF RESULTS	NO.OF CASES/40	PERCENTAGE
1.	FULL AND NEW MOON	34	85%
2.	LUNAR DAYS	6	15%

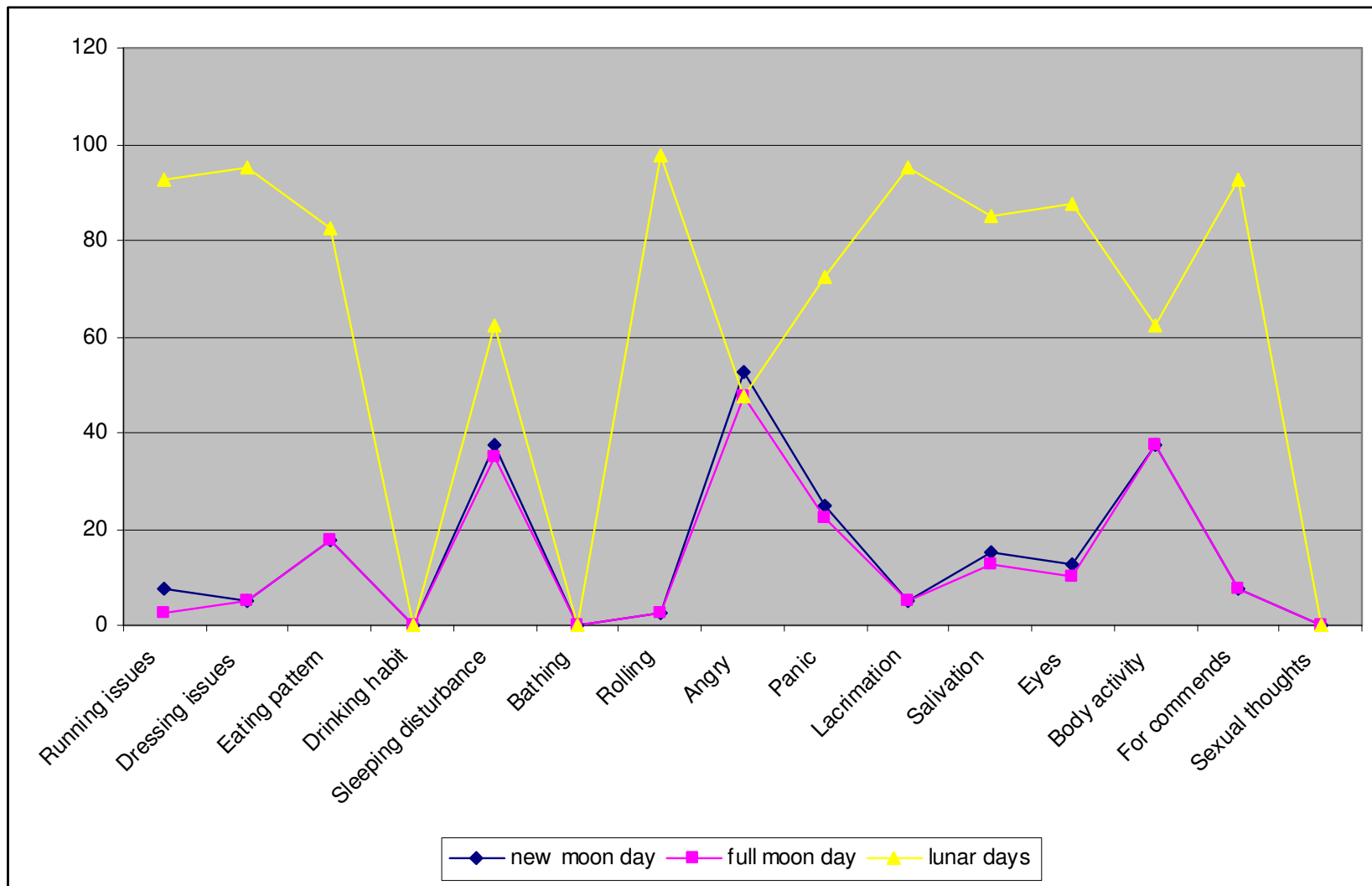


### INFERENCE

Changes in signs and symptoms on Full and New moon days were about 85% and Lunar days were about 15%.

**CHANGES IN SIGNS AND SYMTOMS ON FULL MOON, NEW MOON AND LUNAR DAYS**  
**SIGNS AND SYMPTOMS**

S.NO	SIGNS AND SYMPTOMS	NEW MOON DAY		FULL MOON DAY		LUNAR DAYS	
		NO.OF CASES	PERCENTAGE	NO.OF CASES	PERCENTAGE	NO .OF CASES	PERCENTAGE
1.	RUNNING ISSUES	3	7.5%	1	2.5%	37	92.5%
2.	DRESSING ISSUES	2	5 %	2	5 %	38	95%
3.	EATING PATTERN	7	17.5%	7	17.5%	33	82.5%
4.	DRINKING HABIT	0	0%	0	0%	0	0%
5.	SLEEPING DISTURBANCE	15	37.5%	14	35%	25	62.5%
6.	BATHING	0	0%	0	0%	0	0%
7.	ROLLING	1	2.5%	1	2.5%	39	97.5%
8.	ANGRY	21	52.5%	19	47.5%	19	47.5%
9.	PANIC	10	25%	11	22.5%	29	72.5%
10.	LACRIMATION	2	5%	2	5%	38	95%
11.	SALIVATION	6	15%	5	12.5%	34	85%
12.	EYES	5	12.5%	4	10%	35	87.5%
13.	BODY ACTIVITY	15	37.5%	15	37.5%	25	62.5%
14.	FOR COMMENDS	3	7.5%	3	7.5%	37	92.5%
15.	SEXUAL THOUGHTS	0	0%	0	0%	0	0%



**INTERPRETATION OF IYMPULL IYAKKA VIDHI**

S.No	Reg.No	Age/sex	Date	Time	Moon	Patchi		Pancha pootham	Mukkutram	Aatharam
						Saavu	Thuyil			
1.	001	45/F	02.02.16	10.40am	WM	Kaagam	Mayil	Thaeyu+Aagayam	Pitham	Anagatham
2.	002	43/F	02.02.16	11.20am	WM	Mayil	Aanthai	Aagayam+Neer	Vatham	Aakkinai
3.	003	40/F	04.02.16	09.50am	WM	Vallooru	Kaagam	Mann+Thaeyu	Kabham	Suvathitanam
4.	004	32/M	04.02.16	10.05 am	WM	Vallooru	Kaagam	Mann+Thaeyu	Kabham	swathittanam
5.	005	33/M	04.02.16	10.30 am	WM	Vallooru	Kaagam	Mann+Thaeyu	Kabham	Swathittanam
6.	006	28/M	05.02.16	11.22 am	WM	Aanthai	Kozhi	Neer+Vayu	Kabham	Manopooragam
7.	007	24/M	06.02.16	10.30 am	WM	Kozhi	Vallooru	Vayu+Mann	Vadham	Vishuththi
8.	008	23/M	06.02.16	11.20 am	WM	Vallooru	Kaagam	Mann+ Kaatru	Kabham	Swathittanam
9.	009	32/M	06.02.16	11.55 am	WM	Vallooru	Kaagam	Mann+Thaeyu	Kapham	swathittanam
10.	010	28/M	06.02.16	12.15 am	WM	Vallooru	Kaagam	Mann+Thaeyu	Kapham	Swathitanam
11.	011	37/F	07.02.16	12.20 pm	WM	Kaagam	Mayil	Thaeyu+Aagayam	Vatham	Anakatham
12.	012	35/F	07.02.16	10.52 am	WM	Mayil	Aanthai	Aagayam+Neer	Vadham	Aakkinai
13.	013	52/M	07.02.16	11.28 am	WM	Mayil	Aanthai	Aagayam+Neer	Vadham	Aakkinai
14.	014	52/F	07.02.16	11.56 am	WM	Mayil	Aanthai	Aagayam+Neer	Vadham	Aakkinai

15.	015	40/F	08.02.16	09.55 am	WM	Kozhi	Vallooru	Vaayu+Mann	Vatham	Vishuththi
16.	016	24/F	09.02.16	10.45 am	CM	Kaagam	Aanthai	Neer+Mann	Kapham	Manipooragam
17.	017	35/F	10.02.16	09.35 am	CM	Mayil	Kozhi	Aagayam+Neer	Vadham	Aakkinai
18.	018	43/M	15.02.16	10.10 am	CM	Mayil	Kozhi	Aagayam + Neer	Vatham	Aakkinai
19.	019	30/F	15.02.16	10.55 am	CM	Kozhi	Kaagam	Neer+Maan	Vatham	Manipooragam
20.	020	33/M	15.02.16	11.24am	CM	Kozhi	Kaagam	Neer+Maan	Kapham	Manipooragam
21.	021	36/F	15.02.16	11.45 am	CM	Kozhi	Kaagam	Neer+Maan	Kapham	Manipooragam
22.	022	45/F	16.02.16	09.40 am	CM	Kozhi	Kaagam	Neer+Maan	Kapham	Manipooragam
23.	023	55/F	17.02.16	10.20 am	CM	Mayil	Kozhi	Aagayam+Neer	Vatham	Aakkinai
24.	024	55/F	17.02.16	11.20 am	CM	Kozhi	Kaagam	Neer+Mann	Kapham	Manipooragam
25.	025	42/F	17.02.16	11.41 am	CM	Kozhi	Kaagam	Mann+Thaeyu	Kapham	Suvathitanam
26.	026	27/F	19.02.16	09.55 am	CM	Aanthai	Vallooru	Vaayu+Theyu	Vadham	Vishuththi
27.	027	55/F	19.02.16	10.07 am	CM	Aanthai	Vallooru	Vaayu+Theyu	Vadham	Vishuththi
28.	028	31/M	22.02.16	09.30 am	FM	Mayil	Kozhi	Aagayam+Neer	Vatham	Aakinai
29.	029	36/M	22.02.16	10.20 am	FM	Mayil	Kozhi	Aagayam+Neer	Vatham	Aakinai
30.	030	21/F	22.02.16	11.11 am	FM	Kozhi	Kaagam	Neer+ Mann	Kabham	Manipoorakam
31.	031	39/F	23.02.16	10.40 am	WM	Kaagam	Mayil	Thaeyu+Aagayam	Pitham	Anagatham

32.	032	28/F	25.02.16	09.10 am	WM	Vallooru	Kaagam	Mann+Thaeyu	Kabham	Suvathitanam
33.	033	30/M	27.02.16	12.45 pm	WM	Vallooru	Kaagam	Mann+Thaeyu	Kabham	Suvathitanam
34.	034	25/F	28.02.16	10.35 am	WM	Kaagam	Mayil	Thaeyu+Aagayam	Pitham	Anagatham
35.	035	25/F	29.02.16	12.04 pm	WM	Vallooru	Kaagam	Vaayu+Mann	Vatham	Vishuththi
36.	036	30/F	29.02.16	12.21 pm	WM	Vallooru	Kaagam	Neer+Kaatru	Kapham	Manipooragam
37.	037	24/F	29.02.16	12.50 pm	WM	Vallooru	Kaagam	Vaayu+ Mann	Vatham	Vishuththi
38.	038	37/M	01.03.16	10.40 am	WM	Kaagam	Mayil	Thaeyu+Aagayam	Pitham	Anagatham
39.	039	65/F	09.03.16	10.20 am	CM	Mayil	Kozhi	Aagayam + Neer	Vatham	Aakinai
40.	040	57/F	09.03.16	11.05 am	CM	Kozhi	Kaagam	Neer+Mann	Kabham	Manipooragam



## DISCUSSION

Kirigai may be compared to psychiatric disorder in modern terms. Disorders of thinking and behavior are biologically-based disorders of the brain. Abnormal behaviour stems from chemical imbalances in the brain. The aim of the author study on changes in symptoms and signs of kirigai on full and new moon days and to provide a simple and cost effective diagnostic tool for such kind. The author conducted the study after the proposal and screened by the Screening committee of govt.siddha medical college palayamkottai., and the trial was also approved by the Institutional Ethical Committee (IEC). Following that, the trial was registered in Clinical trial registry of India.

After getting proper permission from the institution, for the purpose of case recruitment and study the author approached Thoothukudi medical college. there about 50 cases were screened in which 10 cases come under exclusion criteria. the other cases were recruited in the study on the basis of inclusion criteria.

For each individual case a case sheet was maintained to record their history, which plays a major role in the disease diagnosis. each of them were clearly clinically observed with eight fold examinations and examination of udal thaadhukkal and noted correctly.

Let me make out these results on each category to achieve a better conclusion.

### **1.Age distribution:**

The age 15- above 55 were affected with the disease. The incidence is more in the age of 26-35 years about 37.5%, in the age group of 36-45 years about 30%, in the age group of 15-25 years about 15% 46-55 years about 12.5% and above 55 years about 5%.

### **Gender**

The patients about 60% were female and 40% of the patients were male.

### **Educational status**

45% of patients were illiterate, 42.5% of patients were upto school and 12.5% were upto college.

### **Occupational reference:**

60% of patients were labours, 17.5% of patients were house wife, 15% of patients were house persons, 5% of patients were office and 2.5% were business.

**Marital status:**

50% of patients were married, 45% of patients were unmarried and 5% of patients divorced.

**Socio-economic status:**

37.5% of patients were from middle income group and 62.5% of patients were from lower income group

**Family structure**

75% of patients belongs to nuclear family and 25% of patients belongs to joint family.

**Locality**

62.5% of patients were from rural area and 37.5% of patients were from urban area.

**Religion**

77.5% of patients were hindu and 22.5% of patients were christian.

**Food habits:**

95% of patients belongs to mixed diet habit and 5% of patients belongs to vegetarian diet habit.

**Distribution of Landscapes (Thinai):**

Most of patients about 62.5% were from Marutha Nilam and 37.5% of patients were from Neithal Nilam.

**Kosham reference**

Manomaya kosam affected in all the patients 100%, Vignanamaya affected in 98% of patients, Annamaya kosam affected in 63% of patients and Anandhamaya kosam affected in 5% of patients.

**Mukkutram Reference:****In Vatham:**

Pranan, Devathathan (100%), Samanan (60%), Kirugaran (42.5%), Koorman (35%), Viyanan (15%), Abanan (10%), Udhanan and Nagan (7.5%) were affected.

**In pitham:**

Analagam (57.5%), Prasagam (45%), Ranjagam (35%), Aalosagam (25%) and saathagam (15%) were affected.

**In Kapham:**

Kilethagam (55%), Tharpagam (20%), Pothagam (7.5%) Santhigam (12.5%) were affected.

**Ezhu Udal Thathukkal Reference:**

Saaram (100%), Senneer, Oon, Kozhuppu (62.5%), Sukilam or Suronitham (5%) were affected.

**Interpretation of clinical Features :**

Changes in Symptoms and signs of KIRIGAI on full and new moon days were found to be present in

S.NO	SIGNS AND SYMPTOMS	NEW MOON	FULL MOON
1.	Running issues	7.5%	2.5%
2.	Dressing issues	5 %	5 %
3.	Eating pattern	17.5%	17.5%
4.	Drinking habit	0%	0%
5.	Sleeping disturbance	37.5%	35%
6.	Bathing	0%	0%
7.	Rolling	2.5%	2.5%
8.	Angry	52.5%	47.5%
9.	Panic	25%	22.5%
10.	Lacrimation	5%	5%
11.	Salivation	15%	12.5%
12.	Eyes	12.5%	10%
13.	Body activity	37.5%	37.5%
14.	For commends	7.5%	7.5%
15.	Sexual thoughts	0%	0%

Were aggravate on their symtoms.

## SUMMARY

KIRIGAI is one among the Psychiatric disorder described by the Sage Agathiya maanidara kirukku nool 64.

The aim of the study is determine the variations seen in syptoms and signs of kirigai patients on fullmoon and new moon days.

The syptoms is “KIRIGAI” characterized by ,Sleeplessness, Lacrimation, Yawning, Frequent lacrimation from the eyes, Tapping the floor with hand, Blabbering, Lamenting, Doing antics Wandering in the streets, Getting confusion, Biting others, Wallowing on the ash, Spray the slush over its head, Frothy excretory mouth, Singing and dancing, Running to outdoor

Non obey for commends, Panic, Hypersalivation, Poor appetite, Vomiting , Angry, Hyper activity, Deranged Sexual thoughts, The author had collected, the review of literature for definition etiology and classifications of Pitham from various text.

The etiopathogenesis, pathology of disease had been discussed.

For the work 40 cases were observed, and diagnosed in outpatient ward Case sheet Proforma was maintained for all 40 cases.

Derangement of Uyir Thathukkal and Udal thathukkal in the disease had been discussed.

Ezhu Udalkattugal and Iympull iyakka vidhi had studied in detail and their interpretation had done.

## CONCLUSION

The disease Kirigai is characterized by Paleness of the conjunctiva Yawning, Frequent lacrimation from the eyes, Tapping the floor with hand, Blabbering, Lamenting, Doing antics Wandering in the streets, Getting confusion, Biting others, Wallowing on the ash, Spray the slush over its head, Frothy excretory mouth, Singing and dancing and etc.

The study on changes in signs and symptoms of kirigai on full and new moon days was done in this dissertation, which gives importance to the changes in Udal thathukkal, Uyir thathukkal etc. The changes in Udal thathukkal Uyir thathukkal were assessed by Siddha Parameters like Ennvagai Thervugal, Poriyal therdhal, Pulanal therdhal, Thegyin Ilakkanam and Iympull iyakka vidhi.

The Conclusion of this study was made from the following datas.

Female patients are predominantly affected

The age group between 26 to 35 years are mostly affected

Maximum numbers of cases were from rural and Maximum were from Marutha nilam

Most of the nuclear family was affected.

The prevalence of the disease was high among Lower class populations 62.5%

Out of 40 patients, 60% of patients were labour.

Among Dhasa Vayukkal Pranan, Abaanan, Udhaanan, Viyaanan, Samaanan, Koorman, Kirukaran and devathathan were affected in all cases.

Anarpitham, Ranjagapitham, Sathagapitham, Prasagapitham, Aalosagapitham were affected in all cases.

Sleeplessness present in 100% of the cases.

Mood Swings was noted in all of cases.

In the Iympull iyakka vidhi, in Mukkutram almost Vatham 56.6% affected, in Aatharam almost Manipooragam affected.

Out of 50 patients, 40 patients have KIRIGAI, Others donot have such symptoms.

## **LINE OF TREATMENT**

It is mentioned in the siddha system that treatment of disease should be in the basis of,

- KAAPU
- NEEKAM
- NIRAIVU
- Siddha system has unequivocally stated that even during the time of conception, some defects creep into the fertilized embryo.
- The defects form the basis for the manifestation of certain constitutional diseases later on during the existence of the individual.
- The disease for which no known cause is given are designated as diseases of idiopathic origin or hereditary disorders. In siddha system such diseases are described as Karma noikal.

### **1.Kaappu (Prevention)**

- To prevent karma (idiopathic or hereditary diseases) the Siddha science has advocated preventive measures to be taken into consideration even while arranging for marital alliances the object of which is to be get healthy pregnancy to build a robust and healthy nation. The rules affecting healthy alliances have been elaborately described in the science of Astrology. They married on the basis of physical, emotional, intellectual and social compatibility.

### **2. Neekkam (Treatment)**

- The Three Uyir Thathus which are responsible for organization, regularization and integration of the bodily structures and their physiological functions are always kept in a state of equilibrium by word, thought, deed and food of the individual. The general aetiological factors for constitutional discomfort is said to be incompatible diet , mental and physical activities
- So it is essential to know the disease and the cause for the onset of the disease, before treating the patient so also to the nature of the patient , the severity of illness , the season and time of the occurrence of the diseases must be observed.

## **CLINICAL MANAGEMENT FOR DIFFERENT STAGES OF DISEASE CONDITION**

- NORMALIZATION OF ALTERED UYIRTHATHUKAL
- INTERNAL MEDICINES
- EXTERNAL MEDICINES
- ASANAS
- DIET

### **NORMALIZATION OF ALTERED UYIRTHATHUKAL**

- Thuvalai
- Fumigation
- Internal Medicines
- Nasiyam (Nasal drops)
- Kalikkam
- Mantiram (Sacred words)
- Special Instructions

The total 18 kirigais are cured by the defection of the principle humours, Vatha, Pitha, Kapha.

### **3. Niraivu (Restoration)**

Patients needs good discussion and motivation and persuasion to accept the eventuality of Neuritis and prepare for a lifestyle that provides optimization of metabolic status. In suitable effective medicinal preparations have to be administered in the beginning itself to neutralize and eliminate this disease.

Siddhars aimed at bringing the three doshas in equilibrium in the treatment of disease. Towards this end we treat with herbs and mineral preparations are used, while treating the Pitham level in the body. Siddhars prescribed a minimum dosage initially and then increased the dose gradually.

There are thousand preparations for Pitham and for its complications found in various Siddha text books Kudineer, Chooranams, Ilahams, Parpam and Chenduram.

Siddha system lays a great importance on the observation of rules regarding diet in everyday life because the Siddha system has rightly realized , that the basic factor of the body is food. That is Annamayakosam is the first among the five kosams constituting our physical and mental existence. To prevent the occurrence of the disease, elaborate inference regarding food item in our daily diet. Generally when a medicine is administrated Siddha physician prescribes diet regimen according to the nature of the medicine and severity of the disease. As over intake or consuming unbalanced and incompatible diet is considered to be the prime causative factor for upsetting the Thirithosha balance leading to the manifestations of various ailments. Regarding diet regimen in Pitham there is special instructions found in Pathartha guna sinthamani and other books.





**DIETARY REGIMEN**  
**NEURO TRANSMITTERS MADE FROM FOOD**

Serotonin	Tryptophan plus B6, B12, Folic Acid	Eggs, meat, yogurt, milk, bananas, nuts, seeds, oats, cheese	Increased with high CHO diet Decreased with high protein diet increased with omega 3 FA	Always	General regulation, improved mood, Increased pain tolerance, Increased sleep, normalizes body , temperature Decreased aggression, Decreased cravings
Dopamine	Phenylalanine plus B12, Folic acid	Beets , soy beans, almonds, meat, egg, grains	Increased with high protein diet	If more needed or with decreased number of nerve cells	Increased tolerance, mood, alertness, cognition, problem solving
Norepinephrine	Tyrosine	Meat, milk, fish, legumes	Increased with high protein diet		Too much= addiction, fear, depression, compulsion, mood swings  Too little= paranoia schizophrenia

Histamine	Histadine	Fish, spinach, tea, tomatoes, cheese, chocolate			
Acetylcholine	Choline	Liver, soybeans, wheat germ, eggs, corn, peanuts, lecithin, choline supplements	Increased fat in diet = increased choline to brain		Increased memory , problems solving Decreased mania
Glutamate	Glutamic Acid	Flour, potatoes			

#### NEUROTRANSMITTER'S INFLUENCE ON FOOD CONSUMPTION

Neurotransmitter	Affected by	Effect on Food intake
Neuropeptide Y	Blood glucose, serotonin, noradrenalin, gamma – amino buyric acid (GABA	Increased CHO cravings
Galanin	Fatty; aicds, estrogen, cortisol, insulin endorphins, time of day - increased in evening	Increased fatty and food cravings, influence how much dietary fat is stored as fat
Endorphins	Progesterone, GABA, Sweet creamy foods	Increased intake of sweet creamy foods, increased alcohol craving

## **YOGASANA**

Yoga is a mind-body practice is considered one of many types of complementary and integrative health approaches. Yoga brings together physical and mental disciplines that may help achieve peacefulness of body and mind. This can help relax and manage stress and anxiety.

- UTTANASANA
- PASHCHIMOTTHANASANA
- URTUVA HASTASANA
- VIPARITHA KARANI
- TRIKONASANA
- ARTHA CHANDRASANA
- MATSYASANA
- SETHU BANTHA SARVANGASANA
- MARJARIYASANA
- ANJALI MUDHRA
- SAVASANA
- PRANAYAMAM

## YOGA POSES

### UTTANASANA



### URTHUVA HASTASANA



## PACHIMOTHASANA



## VIPARITHA KARANI



## ARDHA CHANDRASANA



## MATSYASANA



DAVID MARTINEZ

## UTTANA SHISOSANA



## SETHU BANTHA SARVANGASANA





## MARJARYASANA



## ANJALI MUTHRA



## PRANAYAMA



## SAVASANA

**GOVT. SIDDHA MEDICAL COLLEGE AND HOSPITAL ,  
PALAYAMKOTTAI.**

**DEPARTMENT OF PG NOI NAADAL**

**A STUDY ON CHANGES IN SYMPTOMS AND SIGNS OF “KIRIGAI”  
ON FULL MOON AND NEW MOON DAYS**

**FORM I**

**SCREENING AND SELECTION PROFORMA**

1. O.P.No \_\_\_\_\_ 2. I.P No \_\_\_\_\_ 3. Bed No: \_\_\_\_\_

4. S.No: \_\_\_\_\_

5. Name: \_\_\_\_\_ 6. Age (years):

7. Gender: M ☐ F ☐

8. Occupation: \_\_\_\_\_

9. Income: \_\_\_\_\_

10. Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Contact No: \_\_\_\_\_

12. E-mail : \_\_\_\_\_

**CRITERIA FOR INCLUSION:**

1. Age: 15 to 55 years	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Sex: Male & female	<input type="checkbox"/>	<input type="checkbox"/>

MAJOR SYMPTOMS	YES	NO	DURATION
ANXIETY			
PANIC			
PHOBIA			
AGITATION			
IRRITABILITY			
SELF INJURIOUS BEHAVIOR			
SLEEP ISSUES			
EATING PATTERN			
ELEVATED MOOD			
HALLUCINATIONS			
SELF TALK			
STEREO TYPES			
CRYING			
TICS			
SEXUAL ISSUES			
EPILEPSY			

## CRITERIA FOR EXCLUSION

DISEASES	YES	NO	DURATION
BIRAMAI			
UNMADHAM			
AMADHA AZHIVU NOI			
MADHA NOI			
MOOLAI VALARCHI KURAIBADU			
CANNABIS ADDICTION			

**Date**

**Signature**

**GOVT SIDDHA MEDICAL COLLEGE AND HOSPITAL ,  
PALAYAMKOTTAI.**

**DEPARTMENT OF PG NOI NAADAL**

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ON FULL MOON AND NEW MOON DAYS**

**FORM I-A  
HISTORY PROFORMA**

1. SI.No of the case: \_\_\_\_\_ 1a.Register No: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Height: \_\_\_\_\_ cms Weight: \_\_\_\_\_ Kg

4. Age (years): \_\_\_\_\_ DOB 

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D D M M Y E A R

5. Birth Time : \_\_\_\_\_

6. Zodiac Sign : \_\_\_\_\_

7. Birth Star : \_\_\_\_\_

8. Moon

a) Crescent Moon ☐ b) Waning Moon ☐

c) Full Moon ☐ d) New Moon ☐

9. Patchi : \_\_\_\_\_

10. Educational Status:

1) Illiterate ☐ 2) Literate ☐ 3) Student ☐

4) Graduate/ Post graduate ☐

11. Nature of work:

- |                                    |                          |
|------------------------------------|--------------------------|
| 1) Sedentary work                  | <input type="checkbox"/> |
| 2) Field work with physical labour | <input type="checkbox"/> |
| 3) Field work Executive            | <input type="checkbox"/> |

12.Complaints and Duration:

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13. History of present illness:

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14. History of Past illness:

- |                        | 1. Yes                   | 2.No                     |
|------------------------|--------------------------|--------------------------|
| a. Diabetes Mellitus   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hypertension        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Auto immune Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Allergy             | <input type="checkbox"/> | <input type="checkbox"/> |

15.Habits:

- |         | 1. Yes                   | 2. No                    |
|---------|--------------------------|--------------------------|
| Smoking | <input type="checkbox"/> | <input type="checkbox"/> |

(A.cigarette/B.BeediNo. of packets/day) \_\_\_\_\_

Alcohol (Occasional/Regular/day)	<input type="checkbox"/>	<input type="checkbox"/>
Drug Addiction	<input type="checkbox"/>	<input type="checkbox"/>
Betel nut chewer:	<input type="checkbox"/>	<input type="checkbox"/>
Tea (No. of times/day)	<input type="checkbox"/>	<input type="checkbox"/>
Coffee (No. of times/day)	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>
Type of diet	V <input type="checkbox"/> NV <input type="checkbox"/> M <input type="checkbox"/>	

16. Personal history: \_\_\_\_\_

Marital status: Married ☐ Unmarried ☐

Consanguineous Marriage: Yes ☐ No ☐

No. of children: Male: \_\_\_\_\_ Female: \_\_\_\_\_

17. Family history: Yes ☐ No ☐

History of similar symptoms

Father ☐ ☐

Mother ☐ ☐

Others \_\_\_\_\_



## 18. GENERAL ETIOLOGY FOR '*KIRIGAI*'

	Yes	No
1. Death or a Loss of a Loved one	<input type="checkbox"/>	<input type="checkbox"/>
2. Chronic intake of certain Medications	<input type="checkbox"/>	<input type="checkbox"/>
3. Suffering from serious Illnesses	<input type="checkbox"/>	<input type="checkbox"/>
4. Affected by sexual or emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>
5. Sleep Deprivation	<input type="checkbox"/>	<input type="checkbox"/>
6. Smoking	<input type="checkbox"/>	<input type="checkbox"/>
7. Poor sibling relationships	<input type="checkbox"/>	<input type="checkbox"/>
8. Other personal problems	<input type="checkbox"/>	<input type="checkbox"/>
9. Hypothroidism	<input type="checkbox"/>	<input type="checkbox"/>
10.Mistakes in yoga and meditation	<input type="checkbox"/>	<input type="checkbox"/>

## 19. CLINICAL SYMPTOMS OF

### ***‘KIRIGAI ON FULL AND NEW MOON DAYS’***

	Present	Absent
1. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
2. Panic	<input type="checkbox"/>	<input type="checkbox"/>
3. Phobia	<input type="checkbox"/>	<input type="checkbox"/>
4. Agitation	<input type="checkbox"/>	<input type="checkbox"/>
5. Irritability	<input type="checkbox"/>	<input type="checkbox"/>
6. Self injurious behavior	<input type="checkbox"/>	<input type="checkbox"/>
7. Sleep issues	<input type="checkbox"/>	<input type="checkbox"/>
8. Eating pattern	<input type="checkbox"/>	<input type="checkbox"/>
9. Elevated mood	<input type="checkbox"/>	<input type="checkbox"/>
10. Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>
11. Self talk	<input type="checkbox"/>	<input type="checkbox"/>
12. Stereo types	<input type="checkbox"/>	<input type="checkbox"/>
13. Crying	<input type="checkbox"/>	<input type="checkbox"/>
14. Tics	<input type="checkbox"/>	<input type="checkbox"/>
15. Sexual issues	<input type="checkbox"/>	<input type="checkbox"/>
16. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>

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ON FULL MOON AND NEW MOON DAYS**

**FORM II  
CLINICAL ASSESSMENT**

1. Serial No: \_\_\_\_\_

1a. Register No: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Date of birth: 

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D D M M Y E A R

4. Age: \_\_\_\_\_ years

5. Date: \_\_\_\_\_

**GENERAL EXAMINATION:**

1. Height: \_\_\_\_\_ cms.

2. Weight: \_\_\_\_\_ kg.

3. BMI \_\_\_\_\_ (Weight Kg/ Height m<sup>2</sup>)

4. Temperature: \_\_\_\_\_ °F.

5. Pulse rate: \_\_\_\_\_/min.

6. Heart rate: \_\_\_\_\_/min

7. Respiratory rate: \_\_\_\_\_/ min

8. Blood pressure: \_\_\_\_\_mmHg

9. Pallor:      Present ☐ Absent ☐ \_\_\_\_\_

10. Cyanosis	:	Present	<input type="checkbox"/>	Absent	<input type="checkbox"/>	_____
11. Clubbing	:	Present	<input type="checkbox"/>	Absent	<input type="checkbox"/>	_____
12. Pedal edema	:	Present	<input type="checkbox"/>	Absent	<input type="checkbox"/>	_____
13. Jugular vein pulsation	:	Present	<input type="checkbox"/>	Absent	<input type="checkbox"/>	_____
14. Lymphadenopathy	:	Present	<input type="checkbox"/>	Absent	<input type="checkbox"/>	_____

### VITAL ORGANS EXAMINATION

	Palpable	Not- Palpable	
1. Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Liver	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Spleen	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Normal	Affected	
5. Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Brain	<input type="checkbox"/>	<input type="checkbox"/>	_____

### SYSTEMIC EXAMINATION:

1. Gastrointestinal System	_____
2. Respiratory System	_____
3. Cardio Vascular System	_____
4. Central Nervous System	_____
5. Uro Genital system	_____
6. Endocrine System:	_____

## [1] ENNVAGAI THERVU [EIGHT-FOLD EXAMINATION]

### I. NAADI (KAI KURI) (RADIAL PULSE READING)

#### (a) NaadiNithanam (Pulse Appraisal)

##### 1. Kaalam (Pulse reading season)

- |                                     |                          |                                      |                          |
|-------------------------------------|--------------------------|--------------------------------------|--------------------------|
| 1. Kaarkaalam<br>(Rainy season)     | <input type="checkbox"/> | 2. Koothirkaalam<br>(Autumn)         | <input type="checkbox"/> |
| 3. Munpanikaalam<br>(Early winter)  | <input type="checkbox"/> | 4. Pinpanikaalam<br>(Late winter)    | <input type="checkbox"/> |
| 5. Ilavenirkaalam<br>(Early summer) | <input type="checkbox"/> | 6. Muthuvenirkaalam<br>(Late summer) | <input type="checkbox"/> |

##### 2. Desam (Climate of the patient's habitat)

- |                         |                          |                    |                          |
|-------------------------|--------------------------|--------------------|--------------------------|
| 1. Kulir<br>(Temperate) | <input type="checkbox"/> | 2. Veppam<br>(Hot) | <input type="checkbox"/> |
|-------------------------|--------------------------|--------------------|--------------------------|

##### 3. Vayathu (Age)

1. 1- 33yrs	<input type="checkbox"/>	2. 34- 66yrs	<input type="checkbox"/>	3. 67-100	<input type="checkbox"/>
-------------	--------------------------	--------------	--------------------------	-----------	--------------------------

##### 4. UdalVanmai (General body condition)

- |            |                          |           |                          |           |                          |
|------------|--------------------------|-----------|--------------------------|-----------|--------------------------|
| 1. Iyyalbu | <input type="checkbox"/> | 2. Valivu | <input type="checkbox"/> | 3. Melivu | <input type="checkbox"/> |
|------------|--------------------------|-----------|--------------------------|-----------|--------------------------|

##### 5. NaadiyinVanmai (Expansile Nature)

- |           |                          |           |                          |
|-----------|--------------------------|-----------|--------------------------|
| 1. Vanmai | <input type="checkbox"/> | 2. Menmai | <input type="checkbox"/> |
|-----------|--------------------------|-----------|--------------------------|

##### 6. Panbu (Habit)

- |                              |                          |                               |                          |                            |                          |
|------------------------------|--------------------------|-------------------------------|--------------------------|----------------------------|--------------------------|
| 1. Thannadai<br>(Playing in) | <input type="checkbox"/> | 2. Munnokku<br>(Advancing)    | <input type="checkbox"/> | 3. Pinnokku<br>(Flinching) | <input type="checkbox"/> |
| 4. Pakkamnokku<br>(Swerving) | <input type="checkbox"/> | 5. Puranadai<br>(Playing out) | <input type="checkbox"/> | 6. Illaitthal<br>(Feeble)  | <input type="checkbox"/> |
| 7. Kathithal<br>(Swelling)   | <input type="checkbox"/> | 8. Kuthithal<br>(Jumping)     | <input type="checkbox"/> | 9. Thullal<br>(Frisking)   | <input type="checkbox"/> |

10. Azhunthal (Drowning) ☐ 11. Padutthal (Lying) ☐ 12. Kalatthal (Blending) ☐

13. Suzhalal (Revolving) ☐

**(b) Naadinadai (Pulse Play)**

1. Vali ☐ 2. Vali Azhal ☐ 3. Vali Iyyam ☐  
 4. Azhal ☐ 5. Azhal Vali ☐ 6. Azhal Iyyami ☐  
 7. Iyyam ☐ 8. Iyya vali ☐ 9. Iyya Azhal ☐  
 10. Mukkutram ☐

**II. NAA (TONGUE)**

1. MaaPadithal Present ☐ Absent ☐  
 Normal ☐ Abnormal ☐

A) Pattern of MaaPadithal Uniform ☐ Patchy ☐

B) Colour of MaaPadithal \_\_\_\_\_

2. NaavinNiram (Colour) 1. Karuppu (Dark) ☐ 2. Manjal (Yellow) ☐ 3. Velluppu (Pale) ☐

3. Suvai (Taste sensation)  
 Thani suvai 1. Kaippu (Bitter) ☐ 2. Pulippu (Sour) ☐ 3. Inippu (Sweet) ☐  
 Thontha suvai 4. Uppu (Salt) ☐ 5. Kaarppu (Tingent) ☐ 6. Thuvarppu (Astringent) ☐

4. Vedippu (Fissure) 1. Present ☐ 2. Absent ☐

5. Vaineerooral (Salivation) 1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

Colour : Normal (Colouress) ☐ Abnormal ☐ \_\_\_\_\_

6. Deviation 1. Present ☐ 2. Absent ☐ \_\_\_\_\_

7. Pigmentation 1. Present ☐ 2. Absent ☐

Dot ☐ Patchy ☐ \_\_\_\_\_

Area of Pigmentation



Tip ☐ Sides ☐ Root ☐ Whole ☐

### III. NIRAM (COLOUR and COMPLEXION OF SKIN)

1. IyalbanaNiram  
(Physiological)

1. Karuppu ☐ 2. Manjal ☐ 3. Velluppu ☐ \_\_\_\_\_  
(Dark) (Yellowish) (Fair)

2. Nirammaatram 1. Present ☐ 2. Absent ☐  
(Pathological)

Localised ☐ Generalised ☐

Colour : Black \_\_\_\_\_ Brown \_\_\_\_\_ White \_\_\_\_\_ Red \_\_\_\_\_ Orange \_\_\_\_\_

### IV. MOZHI (VOICE)

1. Sama oli ☐ 2. Urattha oli ☐ 3. Thazhantha oli ☐  
(Medium pitched) (High pitched) (Low pitched)

4. Sound from lungs ☐ (Sound is produced by the lungs when the patient is silent )  
( Wheezing )

## V. VIZHI (EYES)

1. Niram							
a. Venvizhi	Normal	<input type="checkbox"/>	AbNormal	<input type="checkbox"/>	Normal	<input type="checkbox"/>	AbNormal <input type="checkbox"/>
			1. Manjal	<input type="checkbox"/>		1. Manjal	<input type="checkbox"/>
			2. Sivappu	<input type="checkbox"/>		2. Sivappu	<input type="checkbox"/>
			3. Velluppu	<input type="checkbox"/>		3. Velluppu	<input type="checkbox"/>
			4. Pazhupu	<input type="checkbox"/>		4. Pazhupu	<input type="checkbox"/>
			5. Karuppu	<input type="checkbox"/>		5. Karuppu	<input type="checkbox"/>
Red Lines			Present	<input type="checkbox"/>		Absent	<input type="checkbox"/>
b) Keel Imai Neeki Paarthai							
1. Sivapu	<input type="checkbox"/>	2. Velluppu	<input type="checkbox"/>	_____			
(Red)		(Pale)					
2. Neerthuvam	1. Normal	<input type="checkbox"/>	2. Increased	<input type="checkbox"/>	3. Reduced	<input type="checkbox"/>	
(Moisture)							
3. Erichchal	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>			
(Burning sensation)							
4. Peelaiseruthal	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>			
(Mucus excrements)							
5. Change in vision	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>	_____		
6. Protrusion of eye ball	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>	_____		
7. Any other eye disease	_____						

## VI. MEI KURI (PHYSICAL SIGNS)

### INSPECTION

1. Swelling	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>		
2. Any Colour Change	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>		
3. Viyarvai (Sweat)	1. Normal	<input type="checkbox"/>	2. Increased	<input type="checkbox"/>	3. Reduced	<input type="checkbox"/>
	Place _____					



## PALPATION

1. Thanmai      1. Veppam ☐ 2. Mitha Veppam ☐ 3. Thatpam ☐  
(Warmth)                      (Mild)                      (Cold)
2. Thoduvali      1. Present ☐ 2. Absent ☐  
(Tenderness)
3. Padhikapattaidathil Unarvu      1. Normal ☐ 2. Abnormal ☐  
(Sensation)
1. Erichal ☐ 2. Arippu ☐ 3. Unarchiinmai ☐  
(Burning Sensation)      (Itching)      (Loss of sensation)

## VII. MALAM (STOOLS)

1. Ennikai (No Of Times Passed ) -      / Day
2. Alavu      a) Normal ☐ b) Increased ☐ c) Decreased ☐  
(Quantity)
3. Niram      1. Karuppu ☐ 2. Manjal ☐  
(Color)      (Black)      (Yellowish)
3. Sivappu ☐ 4. Velluppu ☐  
(Reddish)      (Pale)
4. Nature of stools
- Bulky ☐ Leaned ☐ watery ☐
5. Sikkal /Solid      1. Present ☐ 2. Absent ☐  
(Constipation)
6. Sirutthal      1. Present ☐ 2. Absent ☐  
(Poorly formed stools)
7. Kalichchal
1. Loose watery stools      1. Present ☐ 2. Absent ☐
2. Contents of stool
1. Digested food      1. Present ☐ 2. Absent ☐
2. Seetham      1. Present ☐ 2. Absent ☐  
(Watery and mucoid excrements)
- Colour of Seetham      1. Venmai ☐ 2. Manjal ☐

8. Thanmai 1. Normal (Mitham) ☐ 2. Vemmai ☐ 3. Seetham ☐
9. Stool passing with a) Mucous 1. Present ☐ 2. Absent ☐
- b) Blood 1. Present ☐ 2. Absent ☐
10. History of habitual Constipation 1. Present ☐ 2. Absent ☐

## VIII. MOOTHIRAM (URINE)

### (a) NEER KURI (PHYSICAL CHARACTERISTICS)

1. Niram (colour) Normal( Straw colour) ☐ Yellow ☐
- Milky white ☐ Red ☐

### 2. Manam (odour)

- |               | Yes                      | No                       |
|---------------|--------------------------|--------------------------|
| Ammonical :   | <input type="checkbox"/> | <input type="checkbox"/> |
| Fruity :      | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Odour : | <input type="checkbox"/> | <input type="checkbox"/> |
| Pus :         | <input type="checkbox"/> | <input type="checkbox"/> |
| Others :      | _____                    |                          |

3. Edai: 100ml \_\_\_\_\_ gm

### a). Specific gravity

Normal ☐ \_\_\_\_\_ Increased ☐ \_\_\_\_\_ Reduced ☐ \_\_\_\_\_

4. Alavu (volume) Yes No

- |                           |                          |                          |
|---------------------------|--------------------------|--------------------------|
| Normal (1.2-1.5 lt/day) : | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyuria (>2lt/day) :     | <input type="checkbox"/> | <input type="checkbox"/> |
| Oliguria (<500ml/day) :   | <input type="checkbox"/> | <input type="checkbox"/> |
| Anuria :                  | <input type="checkbox"/> | <input type="checkbox"/> |

**5. Nurai (froth)** : Yes ☐ No ☐

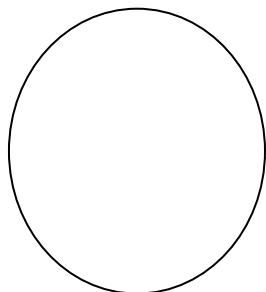
If froth present, colour of the froth : \_\_\_\_\_

**6.Enjal (deposits)** : Present ☐ Absent ☐

Clear ☐ ☐

Cloudy ☐ ☐

**b) NEI KURI (oil spreading sign)**



- |                               |                          |                               |                          |
|-------------------------------|--------------------------|-------------------------------|--------------------------|
| 1. Aravam (V)                 | <input type="checkbox"/> | 2. Mothiram (P)               | <input type="checkbox"/> |
| (Serpentine fashion)          |                          | (Ring)                        |                          |
| 3. Muthu (K)                  | <input type="checkbox"/> | 4. AravilMothiram(VP)         | <input type="checkbox"/> |
| (Pearl beaded appear)         |                          | (Ring fashion in serpentine)  |                          |
| 5. AravilMuthu (VK)           | <input type="checkbox"/> | 6.MothirathilMuthu (PK)       | <input type="checkbox"/> |
| (Pearl fashion in serpentine) |                          | (Pearl fashion in ring )      |                          |
| 7. MothirathilAravam(PV)      | <input type="checkbox"/> | 8.MuthilAravam(KV)            | <input type="checkbox"/> |
| (Serpentine fashion in ring)  |                          | (Serpentine fashion in pearl) |                          |
| 9. MuthilMothiram(KP)         | <input type="checkbox"/> | 10.Asathiyam                  | <input type="checkbox"/> |
| ( Ring fashion in pearl)      |                          | (Incurable)                   |                          |
| 11. Mellenaparaval            | <input type="checkbox"/> |                               |                          |
| (Slow spreading)              |                          |                               |                          |
| 12.others:_____               |                          |                               |                          |

**[2]. IYMPORIGAL /IYMPULANGAL (Penta sensors and its modalities)**

	<b>1. Normal</b>	<b>2. Affected</b>
1. Mei (skin)	<input type="checkbox"/>	<input type="checkbox"/> _____
2. Vaai (Tongue)	<input type="checkbox"/>	<input type="checkbox"/> _____
3. Kann (Eye)	<input type="checkbox"/>	<input type="checkbox"/> _____
4. Mookku(Nose)	<input type="checkbox"/>	<input type="checkbox"/> _____
5. Sevi (Ear)	<input type="checkbox"/>	<input type="checkbox"/> _____

**[3]. KANMENTHIRIYANGAL /KANMAVIDAYANGAL**

**(Motor machinery and its execution)**

	<b>1. Normal</b>	<b>2. Affected</b>
1. Kai (Hand)	<input type="checkbox"/>	<input type="checkbox"/> _____
2. Kaal (Leg)	<input type="checkbox"/>	<input type="checkbox"/> _____
3. Vaai (Mouth)	<input type="checkbox"/>	<input type="checkbox"/> _____
4. Eruvai(Anal canal)	<input type="checkbox"/>	<input type="checkbox"/> _____
5. Karuvaai (Birth canal)	<input type="checkbox"/>	<input type="checkbox"/> _____

#### [4]. YAKKAI (SOMATIC TYPES)

Characters	Vatha Constitution	Pitha Constitution	Kaba Constitution
Built and appearance	Lean and lanky, lengthy built	Moderate built	Short, uniform thickness, broad built.
Skin - colour & Complexion	Dark and light admixed complexion. Dry skin	Red and Yellow. Wrinkles and shiny	Yellowish White. Fleishy, flappy and shiny
Bones and Joints	Cracking sound of joints on walking with prominent joints	Thin covering of bones and joints by soft tissue	Plumpy joints and limbs
Hair and Eyelashes	Split hair and dark eyelashes	Sparse hair with graying	Dark and Dense hair
Appearance of Eyes	Lengthy Eyes	Easily suffusing eyes due to heat and alcohol	Sparkling eyes
Vision	Long sight	Short sight	Clear sight
Voice	Clear and high pitched voice	Clear and medium pitched Voice	Husky and unclear. Low pitched voice
Tongue	Lengthy, sharp ended tongue with black patches	Medium and yellow or red coloured	Blunt, thick tongue with white coated
Appetite	Scant appetite for cold food items	Increased appetite and intolerance to hunger, thirst, heat	Less appetite and tolerant to hunger, thirst, heat
Taste	Desire for pungent, salt, sweet, heat	Desire for bitter, sweet, astringent	Desire for sour, bitter, astringent
Sleep	Sleeping with half closed eyes	Medium sleep	Deep sleep
Dreams	Flying dreams around the hills, sky. Walking around the dense forest.	Seeing like yellow colour flowers, fire, sun, thunder etc.	Seeing the cooling places like lotus in the pond,.
Strength	Poor strength	Medium strength	Immense strength
Character	Unstable mind, change of mood according to situation	Medium. Discipline, Good habits, Eagerness	Stable mind. Discipline and increased knowledge
Knowledge	Oscillation mind	Brilliance	Genius
Sexual activity	Loss of libido	Desire in sexual activity	Loss of libido

**RESULTANT SOMATIC TYPE:** \_\_\_\_\_

### [5] GUNAM

1. SathuvaGunam ☐

2.RajoGuna ☐

3. ThamoGunam ☐

### [6] KOSAM

#### 1. Normal

#### 2. Affected

1. Annamayakosam

☐☐

\_\_\_\_\_

2. Praanamyakosam

☐☐

\_\_\_\_\_

3.Manomayakosam

☐☐

\_\_\_\_\_

4. Vingnanamayakosam

☐☐

\_\_\_\_\_

5. Aanandamayakosam

☐☐

\_\_\_\_\_

### [7] UYIR THATHUKKAL

#### A. VALI

#### 1. Normal

#### 2. Affected

1. Uyirkaal  
(Praanan)

☐☐

\_\_\_\_\_

2. Keel nokungkaal  
(Abaanan)

☐☐

\_\_\_\_\_

3.Nadukkaal  
(Samaanan)

☐☐

\_\_\_\_\_

4. Mel nokungkaal  
(Udhanan)

☐☐

\_\_\_\_\_

5. Paravungkaal  
(Viyaanan)

☐☐

\_\_\_\_\_

6. Naahan  
(Higher intellectual function)

☐☐

\_\_\_\_\_

7. Koorman  
(Air of yawning)

☐☐

\_\_\_\_\_

- |  |                          |                          |       |
|--|--------------------------|--------------------------|-------|
| 8. Kirukaran<br>(Air of salivation/ Nasal secretion)                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Devathathan<br>(Air of laziness)                                    | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. Dhananjeyan<br>(Absence of Praanan this air that<br>acts on death) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### **B. AZHAL**

#### **1. Normal**

#### **2. Affected**

- |   |                          |                          |       |
|---|--------------------------|--------------------------|-------|
| 1. Analapittham<br>(Gastric juice)      | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Prasaka pittham<br>(Bile)            | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Ranjaka pittham<br>(Haemoglobin)     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Aalosaka pittham<br>(Aqueous Humour) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Saathakapittham<br>(Life energy)     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### **C. IYYAM**

#### **1. Normal**

#### **2. Affected**

- |                                       |                          |                          |       |
|---------------------------------------|--------------------------|--------------------------|-------|
| 1. Avalambagam<br>(Serum)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Kilethagam<br>(saliva)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Pothagam<br>(lymph)                | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Tharpagam<br>(cerebrospinal fluid) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Santhigam<br>(Synovial fluid)      | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

**[8] UDAL THATHUKKAL  
SAARAM**

INCREASED SAARAM (CHYLE)	DECREASED SAARAM(CHYLE)
Loss of appetite <input type="checkbox"/>	Loss weight <input type="checkbox"/>
Excessive salivation <input type="checkbox"/>	Tiredness <input type="checkbox"/>
Loss of perseverance <input type="checkbox"/>	Dryness of the skin <input type="checkbox"/>
Excessive heaviness <input type="checkbox"/>	Diminished activity of the sense organs <input type="checkbox"/>
White musculature <input type="checkbox"/>	
Cough,dyspnoea, excessive sleep <input type="checkbox"/>	
Weakness in all joints of the body <input type="checkbox"/>	

SAARAM: NORMAL ☐ INCREASED ☐ DECREASED ☐

**B. CENNEER:**

INCREASED CENNEER(BLOOD)	DECREASED CENNEER(BLOOD)
Boils in different parts of the body <input type="checkbox"/>	Anemia <input type="checkbox"/>
Anorexia <input type="checkbox"/>	Tiredness <input type="checkbox"/>
Mental disorder <input type="checkbox"/>	Neuritis <input type="checkbox"/>
Splenomegaly <input type="checkbox"/>	Lassitude <input type="checkbox"/>
Colic pain <input type="checkbox"/>	Pallor of the body <input type="checkbox"/>
Increased pressure <input type="checkbox"/>	
Reddish eye and skin <input type="checkbox"/>	
Jaundice <input type="checkbox"/>	
Haematuria <input type="checkbox"/>	

CENNEER: NORMAL ☐ INCREASED ☐ REDUCED ☐



**[C]. OON**

INCREASED OON (MUSLE)	DECREASED OON (MUSLE)
Cervical lymphadenitis <input type="checkbox"/>	Impairment of sense organs <input type="checkbox"/>
Venereal ulcer <input type="checkbox"/>	Joint pain <input type="checkbox"/>
Swelling in face ,abdomen, thigh, genitalia <input type="checkbox"/>	Muscles of Jaw, gluteus gets wrinckled. <input type="checkbox"/>
Hyper muscular in the cervical region <input type="checkbox"/>	Shortening of male genitalia <input type="checkbox"/>

OON: NORMAL ☐ INCREASED ☐ REDUCED ☐

**D. KOZHUPPU**

INCREASED KOZHUPPU (ADIPOSE TISSUE)	DECREASED KOZHUPPU (ADIPOSE TISSUE)
Cervical lymph adenitis <input type="checkbox"/>	Pain and weakness in the hip region <input type="checkbox"/>
Venereal ulcer <input type="checkbox"/>	Disease of the spleen <input type="checkbox"/>
Swelling in face, abdomen, thigh, genitalia	Emaciation <input type="checkbox"/>
Hyper muscular in the cervical region <input type="checkbox"/>	
Dyspnoea on mild exhaustion <input type="checkbox"/>	
Tiredness <input type="checkbox"/>	
Sagging muscles in the gluteus, abdomen, thigh, breast <input type="checkbox"/>	

KOZHUPPU: NORMAL ☐ INCREASED ☐ REDUCED ☐

## E. ENBU

INCREASED ENBU (BONE)	DECREASED ENBU (BONE)
Excess growth in bones teeth, Nail and Hair <input type="checkbox"/>	Joint pain <input type="checkbox"/>
	Loosening of teeth <input type="checkbox"/>
	Splitting of nail and hair <input type="checkbox"/>
	Falling of hair <input type="checkbox"/>

ENBU: NORMAL ☐ INCREASED ☐ REDUCED ☐

## F. MOOLAI

INCREASED MOOLAI (BONE MARROW)	DECREASED MOOLAI (BONE MARROW)
Heaviness of the body <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>
Swollen eyes <input type="checkbox"/>	Blackout of the eyes <input type="checkbox"/>
Swollen phalanges chubby fingers <input type="checkbox"/>	
Oliguria <input type="checkbox"/>	
Non healing ulcer <input type="checkbox"/>	

MOOLAI: NORMAL ☐ INCREASED ☐ REDUCED ☐

## G. SUKKILAM/SURONITHAM

INCREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)	DECREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)
Infatuation and lust towards women / men <input type="checkbox"/>	Failure to give child birth <input type="checkbox"/>
Urinary calculi <input type="checkbox"/>	Pain in the genitalia <input type="checkbox"/>
	Decreased the semen excretion <input type="checkbox"/>

SUKKILAM/SURONITHAM:  
NORMAL ☐ INCREASED ☐ REDUCED ☐

## [9] MUKKUTRA MIGU GUNAM

### I. Vali Migu Gunam

#### 1. Present

#### 2. Absent

1. Emaciation

☐☐

2. Blackish colour

☐☐

3. Desire to take hot food

☐☐

4. Shivering of body

☐☐

5. Abdominal distension

☐☐

6. Constipation

☐☐

7. Insomnia

☐☐

8. General Weakness

☐☐

9. Defect of sense organs

☐☐

10. Giddiness

☐☐

11. Lack of interest

☐☐

### II. Pitham Migu Gunam

#### 1. Present

#### 2. Absent

1. Yellowish discolouration of skin

☐☐

2. Yellowish discolouration  
of the eye

☐☐

3. Yellow coloured urine

☐☐

4. Yellowishness of faeces

☐☐

5. Increased appetite

☐☐

6. Increased thirst

☐☐

7. Burning sensation over  
the body, palm and sole

☐☐

8. Sleep disturbance

☐☐

### III. Kapham migu gunam

#### 1. Present

#### 2. Absent

- |                                 |                          |                          |
|---------------------------------|--------------------------|--------------------------|
| 1. Increased salivary secretion | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Reduced activeness           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Heaviness of the body        | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pale, white, pinkish colour  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Chillness of the body        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Reduced appetite             | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Eraippu                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Increased sleep              | <input type="checkbox"/> | <input type="checkbox"/> |

### [10]. NOIUTRA KALAM

- |                                     |                          |                                       |                          |
|-------------------------------------|--------------------------|---------------------------------------|--------------------------|
| 1. Kaarkaalam<br>(Aug15-Oct14)      | <input type="checkbox"/> | 2. Koothirkaalam<br>(Oct15-Dec14)     | <input type="checkbox"/> |
| 3. Munpanikaalam<br>(Dec15-Feb14)   | <input type="checkbox"/> | 4. Pinpanikaalam<br>(Feb15-Apr14)     | <input type="checkbox"/> |
| 5. Ilavanirkaalam<br>(Apr15-June14) | <input type="checkbox"/> | 6. Muthuvenirkaalam<br>(June15-Aug14) | <input type="checkbox"/> |

### [11]. NOI UTRA NILAM

- |                               |                          |                             |                          |                         |                          |
|-------------------------------|--------------------------|-----------------------------|--------------------------|-------------------------|--------------------------|
| 1. Kurunji<br>(Hilly terrain) | <input type="checkbox"/> | 2. Mullai<br>(Forest range) | <input type="checkbox"/> | 3. Marutham<br>(Plains) | <input type="checkbox"/> |
| 4. Neithal<br>(Coastal belt)  | <input type="checkbox"/> | 5. Paalai<br>(Desert)       | <input type="checkbox"/> |                         |                          |

**GOVT SIDDHA MEDICAL COLLEGE AND HOSPITAL,  
PALAYAMKOTTAI.  
DEPARTMENT OF NOI NAADAL**

**A STUDY ON CHANGES IN SYMPTOMS AND SIGNS OF “KIRIGAI”  
ON FULL MOON AND NEW MOON DAYS**

**FORM-III**

**LABORATORY INVESTIGATIONS**

1. Serial No\_\_\_\_\_ O.P No: \_\_\_\_\_ Lab.No\_\_\_\_\_ 1a.Register No:

2. Name: \_\_\_\_\_

3. Date of birth: 

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D D M M Y E A R

4. Age: \_\_\_\_\_ years

5. Date of assessment: \_\_\_\_\_

**Urine Examination**

6. Sugar \_\_\_\_\_

7. Albumin \_\_\_\_\_

8. Deposits \_\_\_\_\_

**Blood**

9. Total Count \_\_\_\_\_ Cells/cu mm

10. Differential Count

P\_\_\_%      L \_\_\_%      E \_\_\_%      M \_\_\_%      B\_\_\_\_\_%

11.Hb \_\_\_\_\_ gms%

12. ESR at 30 minutes \_\_\_\_\_ mm                      at 60 minutes \_\_\_\_\_mm

13. Blood

Sugar-(F) \_\_\_\_\_mgs%

(PP) \_\_\_\_\_mgs%

Urea \_\_\_\_\_

Cholesterol \_\_\_\_\_

14. Special investigation:

EEG

CT Brain

Date:

Signature of the Doctor

**GOVT SIDDHA MEDICAL COLLEGE AND HOSPITAL ,  
PALAYAMKOTTAI  
DEPARTMENT OF NOI NAADAL**

**A STUDY ON CHANGES IN SYMPTOMS AND SIGNS OF “KIRIGAI”  
ON FULL MOON AND NEW MOON DAYS**

**Register No:321315010 (2013-2016),**

**FORM IV A**  
**INFORMED WRITTEN CONSENT FORM**

I .....exercising my free power of choice, hereby give my consent to be included as a subject in the diagnostic trial entitled A study on  
***‘KIRIGAI ON FULL AND NEW MOON DAYS’***

I will be required to undergo all routine examinations. I may be asked to give urine and blood samples during the study.

I have been informed about the study to my satisfaction by the attending investigator and the purpose of this trial and the nature of study and the laboratory investigations. I also give my consent to publish my urine sample photographs in scientific conferences and reputed scientific journals for the betterment of clinical research.

I am also aware of my right to opt out of the trial at any time during the course of the trial without having to give the reasons for doing so.

Signature /thumb impression of the patient:

Date :

Name of the patient :

Signature of the investigator :

Date :

Head of the Department :

Date :

அரசுசித்தமருத்துவ கல்லூரி பாளையங்கோட்டை

பட்டமேற்படிப்புநோய்நாடல் துறை

பதிவுஎண்: 321315010

ஒப்புதல் படிவம்

ஆய்வாளரால் சான்றளிக்கப்பட்டது

நான் இந்த ஆய்வை குறித்த அனைத்து விபரங்களையும் நோயாளிக்கு புரியும் வகையில் எடுத்துரைத்தேன் என உறுதியளிக்கிறேன்.

தேதி:

கையொப்பம்:

இடம்:

பெயர்:

நோயாளியின் ஒப்புதல்

நான் ----- என்னுடைய சுதந்திரமாக தேர்வு செய்யும் உரிமையைக் கொண்டு இங்கு தலைப்பிடப்பட்ட நோயை கணிப்பதற்கான மருத்துவ ஆய்விற்கு என்னை உட்படுத்த ஒப்புதல் அளிக்கிறேன்.

என்னிடம் இந்த மருத்துவ ஆய்வின் காரணத்தையும், மருத்துவ ஆய்வுக்கூட பரிசோதனைகள் பற்றி திருப்தி அளிக்கும் வகையில் ஆய்வு மருத்துவரால் விளக்கிக் கூறப்பட்டது.

நான் இந்த மருத்துவ ஆய்வின்போது காரணம் எதுவும் கூறாமல், எப்பொழுது வேண்டுமானாலும் இந்த ஆய்விலிருந்து என்னை விடுவித்து கொள்ளும் உரிமையை தெரிந்திருக்கின்றேன்.

தேதி:

கையொப்பம்:

இடம்:

பெயர்:

சாட்சிக்காரர்கையொப்பம்:

பெயர் :

உறுவுமுறை :



**GOVT SIDDHA MEDICAL COLLEGE &HOSPITAL,  
PALAYAMKOTTAI .**

**DEPARTMENT OF NOI NAADAL**

**A STUDY ON CHANGES IN SYMPTOMS AND SIGNS OF “KIRIGAI”  
ON FULL MOON AND NEW MOON DAYS**

**FORM - IV-E  
PATIENT INFORMATION SHEET**

**PURPOSE OF RESEARCH AND BENEFITS:**

The diagnostic research study in which your participation is proposed to assess the diagnostic methods in Siddha methodology in **“KIRIGAI ON FULL AND NEW MOON DAYS”** patients. It is expected that you would benefit from this study. Knowledge gained from this study would be of benefit to patients suffering from such conditions for the diagnosis and prognosis.

**STUDY PROCEDURE:**

You will be interviewed and examined as OP and IP patients at the study centre. At the first visit the physician will conduct a brief physical examination and assess the condition followed by Ennvagaithervu and routine blood and urine analysis. After matching the inclusion criteria you will be included in this study and you will be examined on the basis of Ennvagaithervu & Udal Kattugal.

**POSSIBLE RISK:**

During this study there may be a minimum pain to you while drawing blood sample.

## **CONFIDENTIALITY:**

Your medical records will be treated with confidentiality and will be revealed only to other doctors / scientists. The results of this study may be published in a scientific journal, but you will not be identified by your name.

## **YOUR PARTICIPATION AND YOUR RIGHTS:**

Your participation in this study is voluntary and you may be withdrawn from

This study anytime without having to give reasons for the same. You will be informed about the findings that occur during the study. If you do agree to take part in this study, your health record will need to be made available to the investigators. If you don't wish to participate at any stage, the level of care you receive will in no way be affected.

The Ethics committee cleared the study for undertaking at OPD and IPD, GOVERNMENT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI. Should any question arise with regards to this study you contact following person.

P.G scholar : Dr.S.VIJAY VIKRAMAN ,  
Department of PG Noi Naadal,  
Govt. Siddha medical college and hospital ,  
Palayamkottai - 627 002.  
Email:siddha109@gmail.com  
Mobile no :9894308584

**அரசசித்தமருத்துவகல்லூரிபாளையங்கோட்டை  
பட்டமேற்படிப்புநோய்நாடல் துறை  
நோயாளியின் தகவல் படிவம்**

**ஆய்வின் நோக்கமும் பயனும்:**

தாங்கள் பங்கெடுத்துக் கொள்ளும் இவ்வாய்வு சித்த மருத்துவ முறையில் நோயை கணிப்பதற்கான ஓர் ஆய்வுமுறை. இவ்வாய்வு தங்களின் நோய்கணிப்பை பற்றியும் நாளுக்கு நாள் இருக்கும் நோயின் தன்மைபற்றியும் அறிய உதவும்.

**ஆய்வுமுறை:**

தாங்கள் நேர்காணல் மற்றும் பரிசோதனைகளின் மூலம் உள்நோயாளி, வெளிநோயாளி பிரிவில் ஆய்வு செய்யப்படுவீர்கள். முதல் நேர்காணலின்போது ஆய்வாளரால் உடல் பரிசோதனை, நாடி, நீர், மலம், மற்றும் இரத்த பரிசோதனை செய்து குறிப்பிட்ட குறிகுணங்கள் இருப்பின் இவ்வாய்விற்காக எடுத்துக் கொள்ளப்படுவீர்கள்.

**நேரும் உபாதைகள்:**

இவ்வாய்வில் இரத்த பரிசோதனைக்காக இரத்தம் எடுக்கும் போது சிறிது வலி ஏற்படலாம்.

**நம்பகத்தன்மை:**

தங்களின் மருத்துவ ஆவணங்கள் அனைத்தும் மருத்துவர் ஆய்வாளர் அல்லாத பிறரிடம் தெரிவிக்கப்பட மாட்டாது.

**நோயாளியின் பங்களிப்பும் உரிமைகளும்:**

இவ்வாய்வில் தங்களின் பங்களிப்பு தன்னிச்சையானது. இவ்வாய்வில் தாங்கள் ஒத்துழைக்க இயலவில்லையெனில் எப்பொழுது வேண்டுமானாலும் காரணம் எதுவும் கூறாமல் விலகிக் கொள்ளலாம். இவ்வாய்வின்போது அறியப்படும் தகவல்கள் தங்களுக்கு தெரிவிக்கப்படும். நோயாளியின் ஒப்பதலுக்கிணங்க நோய்கணிப்பு விவரங்களை ஆய்வாளர் பயன்படுத்திக் கொள்வார். நோயாளி ஆய்வினிடையே ஒத்துழைக்க மறுத்தாலும், எந்தநிலையிலும் நோயாளியை கவனிக்கும் விதம் பாதிக்கப்படமாட்டது. நிறுவன நெறிமுறை குழுவும் மேற்கண்ட ஆய்வினை மேற்கொள்ள ஒப்புதல் அளித்துள்ளது. ஆய்வுகுறித்த சந்தேகங்கள் இருப்பின் கீழ்க்கண்டநபரை தொடர்பு கொள்ளவும்.

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